OUR LADY OF LOURDES SCHOOL
420 EAST FEE AVENUE
MELBOURNE FL 32901
321-723-3631

REQUEST/AUTHORIZATION
to RELEASE RECORDS
2018-2019

TO: _____
Name of School

_____
School Address (street, city, state, zip code)

Dear Principal:

This is to request/authorize your release of the school records of the following students who are enrolled in this school:

_____ _____
Student Name (please print) Grade

_____ _____
Student Name (please print) Grade

_____ _____
Student Name (please print) Grade

Records to be released are: _____ Cumulative school record
_____ Health Record
_____ Psychological records (if applicable)

Records are to be sent to: **Our Lady of Lourdes School**
420 East Fee Avenue
Melbourne FL 32901

_____ _____
Signature of School Representative Date

_____ _____
Signature of Parent/Guardian Date