



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