



St. Joseph School

10 School Hill Road, Baltic, CT 06330

www.stjosephschoolbaltic.com

WRITTEN PARENT CONSENT FOR TRANSFER OF STUDENT RECORDS

I HEREBY REQUEST:

SCHOOL NAME

SCHOOL ADDRESS

TO RELEASE OR OBTAIN THE FOLLOWING RECORDS/INFORMATION REGARDING MY CHILD:

CHILD'S NAME

ADDRESS

DOB

CITY/STATE/ZIP

TELEPHONE

RECORDS:

OBTAIN

RELEASE

ACADEMIC

PSYCHOLOGICAL

SPECIAL EDUCATION

MEDICAL

DISCIPLINE

OTHER

TO: _____

SCHOOL NAME AND ADDRESS

PARENT SIGNATURE

DATE

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