

ST. TIMOTHY CATHOLIC SCHOOL
PARENT AUTHORIZATION FOR RELEASE/REQUEST OF STUDENT RECORDS

In accordance with the Family Educational Rights and Privacy Act of 1974 and Arizona State Law, please release student information **FROM:**

SCHOOL NAME: _____

ADDRESS: _____ **City:** _____ **State:** ____ **Zip:** _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

This information will be kept confidential by the professional persons, schools, or organization requesting them and will not be released to a third party without parental consent.

PLEASE RELEASE SCHOOL RECORDS FOR:

Student Name: _____ Birthdate: _____ Grade _____

Student Name: _____ Birthdate: _____ Grade _____

Student Name: _____ Birthdate: _____ Grade _____

Student Name: _____ Birthdate: _____ Grade _____

Please send records to:

St. Timothy Catholic School
2520 S. Alma School Rd.
Mesa, AZ 85210
(480) 775-2650
(480) 775-2651-Fax