

**Please complete this form and email back to ECHS before scheduling
appointment**

Full Legal Name of Student:

(Last)

(First)

(Middle)

I hereby authorize East Catholic High School to request scholastic, health and confidential records as well as special education records concerning the above named student from schools he/she previously attended.

I further authorize East Catholic High School to forward information from the permanent records of this student to other schools to which he/she may transfer, institutions of higher learning, prospective employers, agencies or scholarship committees.

The permanent records would include items such as:

Name	Attendance Records
Birth Date	Extracurricular Activities
Birthplace	Awards
Names of Parents or Guardians	Confidential Records
Test Scores	Special Education Records
Class Grades	Health Records
Cumulative Average	Proof of Immunizations
Class Rank	within 30 Days of Enrollment Date

This request is to remain in force until rescinded by my parents, my guardian, or by me.

Signature of Parent or Guardian

Date

Signature of Student

Date