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ST. JOSEPH SCHOOL
LINCOLN, NEBRASKA

INFORMATION RELEASE

Re: Child's Name _____ Grade _____

I hereby authorize to release the following information to:

St. Joseph's School located at: 1940 South 77th Street Lincoln, NE 68506
School Name Street City State Zip

Information will be coming from:

School Name _____

School Address _____

Information to be released to the above school:

- ◆ Student Report Card
- ◆ Personal Recommendations
- ◆ Testing Results
- ◆ Health-Dental Records
- ◆ Any other-pertinent information

Date: _____

Parent's Signature