



SHAPING THE FUTURE

Authorization for Release of Records

Dear _____:

Corpus Christ School had accepted _____ as a student for the 2009-2010 school year. We are requesting that all scholastic record, health records and any other pertinent information be forwarded to us at the address below:

Corpus Christi School
ATTN: Mrs. Kathleen Connor, Principal
907 New Road
Wilmington, DE 19805

Thank you for your prompt attention to this matter.

Sincerely,

Sue Bolinski
Secretary

I hereby authorize the chief school officer of _____

Address _____ City _____ State _____ Zip _____

To release my child's records to Corpus Christi School

Student's Name: _____

Student's Date of Birth: _____

Signature of Parent/Guardian: _____

Date: _____