

Saint Monica Catholic Academy

609 Tenth Street
Beaver Falls PA 15010
724-846-5955
Fax: 724-846-6868

Release Of Information Request

Name of Student _____ Grade _____

_____ authorizes the release of all
(Parent's Name)

available information, that is checked below, of the above named student :

- _____ Official Administrative Record
(name, address, birthdate, years in school completed,
attendance record)
- _____ Standardized Achievement Test Score
- _____ Intelligence and Aptitude Test Score
- _____ Health and Dental Records
Personal Health History
- _____ Other Available School Records

Name and address of School Requesting Records:

Saint Monica Catholic Academy
609 Tenth St
Beaver Falls PA 15010

Signature _____

Date _____
