St. Vincent de Paul School 9050 93rd Avenue North Brooklyn Park, Mn 55445 (763) 425-3970 FAX (763) 425-2674 Web Site: saintydn org

Web Site: saintvdp.org E-Mail: schoolinfor@saintvdp.org

AUTHORIZATION FOR RELEASE OF INFORMATION:

Address:					
(Please include str	reet addre	ss, city, ar	nd zip code.)		
Student's Name			Age Birthda	ıy	
Student is entering grade at	t St. Vince	ent de Pau	l School		
Purpose for the records					
Information to be released:					
Administrative data: Name, Address, Parents, Guardian, Birthdate, Birthplace, School attended,	YES	NO		YES	NO
Grades, Attendance			Report cards		
Health Record		. ——	Extra-Curricular Activities		
Test Information			Teacher/Counselor		
Conference and Progress Info.			Observations		
Special Ed. Reports			Disciplinary		
Psychological Reports			Records		
Date		Signatur	e or Parent or Guardian of	Minor S	tudent
Send above indicated information	to:	F 9	t. Vincent de Paul School Record Transfer 050 93 rd Avenue North Brooklyn Park, MN 55445		