

**RELEASE OF RECORDS AND/OR INFORMATION**

Student Name: \_\_\_\_\_

Current School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the release of copies of the school records of the above named student, including grades, health records, and any other developmental information to:

St. Gabriel School  
77 Bloomfield Avenue  
Windsor, CT 06095

I also authorize the principal, president, or pastor of St. Gabriel School to contact the principal, president, or pastor of any other school, religious, private, or public, that the above named student has attended, and discuss with such individual the application of the student, along with any other matters relating to the student's enrollment at St. Gabriel School that may be relevant to his/her application to and attendance at St. Gabriel School.

I understand that information concerning tuition payment history may be provided.

I release all persons, companies and corporations supplying such information from and against any and all liability which might result from furnishing such information.

Signed: \_\_\_\_\_  
(Parent/Legal Guardian)

Date: \_\_\_\_\_

Policy 5.201 and 5.405  
Admission Requirements and Transfer Students  
05.2012