

**ST. JAMES SCHOOL
120 WATER STREET
DANIELSON, CT. 06239
860-774-3281 Phone
860-779-2137 Fax**

RELEASE OF RECORDS

To: _____

Date _____

Please send all academic and health records, confidential and otherwise, to the administration of Saint James School for the following pupil(s):

_____	Grade _____	D.o.b. _____
_____	Grade _____	D.o.b. _____
_____	Grade _____	D.o.b. _____
_____	Grade _____	D.o.b. _____

Thank you for your cooperation.

St. James School Administration

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I hereby authorize the release of all academic, health, social, psychological and any other reports pertaining to my child.

Signature of Parent or Guardian

Date