

**ST. JOHN'S CATHOLIC SCHOOL  
209 S. CHERRY  
BELOIT, KS. 67420  
(785) 738-2942**

**REQUEST AND CONSENT TO RELEASE EDUCATIONAL RECORDS**

School \_\_\_\_\_

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

Name and address of school last attended

Regarding Student:

\_\_\_\_\_

First

Middle

Last

Student's Birthday \_\_\_\_\_

We/I Hereby Request that:

- ( ) All Records
- ( ) Courses, Grades, Credits, Attendance
- ( ) Health Records
- ( ) Test Scores
- ( ) Accumulative File
- ( ) Other; Specify: \_\_\_\_\_

of the above-named student/s be mailed to the following address:

St. John's Catholic School  
209 S. Cherry  
Beloit, KS 67420

SIGNED: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_