



Visitation of Our Lady Catholic School

Mrs. Carolyn Levet, Principal

(504) 347-3377



Student Record Release

Student Name: _____ Age: _____ Grade: _____

1. _____

2. _____

3. _____

Please release my child's academic and/or health records to the following school or business. Thank you.

School/Business Name

Address

City

State

Zip

Phone Number

Fax Number

Signature of Requesting Parent

Date

of Pages Copied _____