



LAWRENCE CATHOLIC ACADEMY

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

The following is in accordance with the provisions of Public Law 93-380 and Massachusetts Law HR 16900.

I, as parent/guardian, or a student 18 years or older, hereby authorize the transfer of school records as indicated from:

Name of School	Address	City/State/Zip
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To: **Lawrence Catholic Academy, 101 Parker Street, Lawrence, MA 01843**
upon receipt of this request. Thank you.

Student's Name (please print)	Parent/Guardian Name (please print)
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Address	Signature of Parent/Guardian
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City	State	Zip	Address
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Date of Birth: _____	<table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;">City</td> <td style="border-bottom: 1px solid black; width: 33%;">State</td> <td style="border-bottom: 1px solid black; width: 33%;">Zip</td> </tr> </table>	City	State	Zip
City	State	Zip		

Date of Request: _____

- | | |
|--|--|
| <input type="checkbox"/> Scholastic Record
<input type="checkbox"/> Health Records
<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Standardized Test Scores
<input type="checkbox"/> Psychological/Medical Reports
<input type="checkbox"/> Family Background Data |
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