



OUR LADY OF LOURDES REGIONAL SCHOOL

2001 CLINTON AVENUE
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(570) 644-0375
FAX (570) 644-7655

PARENTAL PERMISSION FOR RELEASE OF STUDENT RECORDS

I herewith give permission for the release of the information requested for my son/daughter.

Student Name: _____

Address: _____

Date of Birth _____ Current Grade: _____

Signature of Parent/Guardian: _____

Please forward:

Health & Dental Records
Personal Health History
Transcript of Records
Current Year's Grades/Current Report Card
Attendance Records
Discipline Records

Principal Signature: _____

Date _____