

RELEASE OF PRE-SCHOOL SCREENING

Name of student: _____ Birth Date: _____

Pre-school Screening Location:

Name: _____

Address: _____

Telephone: _____

School that record information is to be released to:



Sacred Heart Catholic School
4050 Hubbard Ave. N.
Robbinsdale, MN 55422
Fax: 763-537-1486

Please release the Pre-school Screening Records, Special Education Record and any other information, which may be helpful in planning and implementing the student's school program.

I, the undersigned, give permission for the release of information as designated above.

Date

Parent/Guardian Signature

Date

Records sent by (Name & Title)