



# SAINT DOMINIC SCHOOL

250 Old Squan Road † Brick, New Jersey 08724  
Tel: 732.840.1412 † Fax: 732.840.6457 † www.stdomschool.org



NATIONAL BLUE RIBBON  
SCHOOL OF EXCELLENCE

## Authorization of Release of Student Records

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name and Address of School from who records are being requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School requesting records to be sent:

Saint Dominic School  
250 Old Squan Rd.  
Brick, NJ 08724

Description of Records:

### **Forward all Health and Academic Records upon Request**

Child Study Team Reports/Individual Service Plans \_\_\_\_\_

Confidential \_\_\_\_\_

I, the undersigned, authorize the release of the records indicated above:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date