



SACRED HEART SCHOOL

RELIGION ♥ ACADEMICS ♥ ATHLETICS

An A+ Choice!

Rev. Thomas Botheroyd, Pastor
Dr. Joy Packard-Higgins, Principal

AUTHORIZATION TO RELEASE INFORMATION

Student's Name _____ Date of Birth _____

Student's Address _____

Name of Parent or Legal Guardian _____

Telephone Number _____

I, the undersigned parent or legal guardian of the above named student, do hereby authorize the release of information regarding this student from the principal of:

Name of School _____

Address _____

City _____ State ____ Zip ____ Phone # _____

I understand this may include psychological, social, medical and educational information.

Parent or Legal Guardian Signature _____

Relationship _____

Date _____

Office Use Only:

Date Starting SHS _____

Date Leaving SHS _____

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Lombard, IL 60148
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Fax: 630-629-4752