

**St. Therese School**  
1260 NE 132<sup>nd</sup> Ave.  
Portland, Oregon 97230  
503-253-9400 Fax 503-253-9571

Date of Request: \_\_\_\_\_

Authorization for Release of Student Records FROM:

School \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I hereby authorize the above-named school to release all academic, specialized instructional records, psychological reports and health records to St. Therese School. I hereby certify that I am the parent (or legal guardian) of the named child/children listed here:

Student Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_  
Date

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

SEND RECORDS TO:

Principal  
St. Therese School  
1260 NE 132<sup>nd</sup> Ave  
Portland, OR 97230