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## **STUDENT RECORD RELEASE**

### **(For Students New to Bishop Foley Catholic)**

I hereby give consent for the release of all educational records and confidential information, including medical, psychiatric, psychological and social information, concerning the student named below.

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STUDENT NAME

INCOMING GRADE

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SCHOOL STUDENT IS LEAVING

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SCHOOL ADDRESS

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CITY

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ZIP

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PARENT SIGNATURE

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DATE

Please scan completed document and email to  
Andrea Harden, registrar, at [harden@bishopfoley.org](mailto:harden@bishopfoley.org)