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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.

STUDENT NAME

INCOMING GRADE

SCHOOL STUDENT IS LEAVING

SCHOOL ADDRESS

CITY

ZIP

PARENT SIGNATURE

DATE

Please scan completed document and email to
Thea Augustyn, registrar, at augustyn@bishopfoley.org