

ST. BENEDICT  
SCHOOL



Candace Wallace, Principal

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**RECORD RELEASE FORM**

I, \_\_\_\_\_ give permission to the principal, Social Worker, or relevant faculty member of St. Benedict School to communicate with school personnel at:

\_\_\_\_\_  
*Current School*

regarding my child, \_\_\_\_\_

*Print Child's Name*

as part of the St. Benedict School admission screening process. I understand that all information received will be held as confidential and cannot be released without written permission of the parent/guardian.

I further understand that if it is established after my child is accepted, that I was not forthcoming about information requested, I will place my child's status as an SBS student in jeopardy.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Relationship to child*