

SAINT AGNES-SACRED HEART SCHOOL

ADMINISTRATIVE OFFICE

PO BOX 31

HILLTOWN, PA 18927

RELEASE OF INFORMATION

TO: _____

I hereby grant permission for the release of the following information to St. Agnes-Sacred Heart School.

STUDENT _____

GRADE _____ ***DATE OF BIRTH*** _____

| | |
|------------------------------|-------|
| Academic Records | _____ |
| Health Records | _____ |
| Dental Records | _____ |
| Psychological Records | _____ |
| Standardized Tests | _____ |

This information should be sent to:

**Saint Agnes-Sacred Heart School
PO Box 31
100 Broad Street
Hilltown, PA 18927**

Parent Signature _____ ***Date*** _____