



## St. Raphael Catholic School

1376 Snell Isle Blvd. N.E.  
St. Petersburg, Fl. 33704  
727-821-9663 School  
727-502-9594 Fax  
srsoffice@st-raphaels.com

### Student Record Release Permit (Return this form with your Registration)

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Must be a complete address**

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

#### **PLEASE FAX, EMAIL OR MAIL ALL RECORDS INCLUDING THE FOLLOWING:**

- 1. Up-to-date transcript (report cards, standardized test scores, dates of entry/withdrawal, grading scale)**
- 2. Any psych/social work reports; special testing reports including ADAPT, IEP's special placement information, or other pertinent data.**

**Send to:** St. Raphael Catholic School  
1376 Snell Isle Blvd. N.E.  
St. Petersburg, Florida 33704  
Attn: Student Records

Signature Parent/Guardian Authorizing Release: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_