

# RELEASE OF RECORDS

Pre-Kindergarten - Eighth Grade  
670 S. Highland Street  
Memphis, TN 38111  
(901) 323-1344 - Fax (901) 458-5215



## AUTHORIZATION

As parent or legal guardian, I authorize you to release to St. Anne Catholic School all cumulative health records, academic transcripts, standardized tests, and psychological information.

\_\_\_\_\_  
Student Full Name

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

\_\_\_\_\_  
Attention

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**75 Years of Innovative Education  
1937 - 2012**