



**General Release Form  
For Academic and Health Records**

Authorization is hereby given to release and forward all school and health records concerning:

\_\_\_\_\_  
RELEASE NAME OF STUDENT

\_\_\_\_\_  
GRADE ENTERING

\_\_\_\_\_  
INSTITUTION RELEASING RECORDS

\_\_\_\_\_  
ADDRESS OF INSTITUTION

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
FAX #

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

**Please forward records to:**

**Saint Benedict Academy  
85 Third Street  
Manchester, NH 03102**

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, **Final Rule on Education Records**, Federal register, June 17, 1976, Vol. 41 No. 118, page 24673)