



Diocese of Peoria  
2901 24<sup>th</sup> Street  
Rock Island, IL 61201  
309-793-7366  
309-793-7361 (Fax)  
Jacob A. Smithers, Principal

## AUTHORIZATION FOR RELEASE OF RECORDS

To: School \_\_\_\_\_

Street Address \_\_\_\_\_

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

I hereby request and authorize the release of all available school records concerning:

Student(s) Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grade \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These records are to include health, grade, attendance, report cards, any counseling or psychological testing and other evaluations that are part of the school record.

Please send these records to:

Kim Armetta  
Jordan Catholic School  
Office of the Administrator  
2901 24<sup>th</sup> Street  
Rock Island, IL 61201  
309-793-7366

Signature of Parent/Guardian \_\_\_\_\_