

Saint Anthony of Padua Grade School 1715 W. Ninth Street Wilmington, DE 19805

Phone: 302-421-3743

Fax: 302-421-3796 www.sapgs.org

Release of Records Form

Date					
Dear Principal/Director,					
			has been a	ıccept	ted as a
student in St. Anthony of Padua	Grade School.				
Scholastic records, health record	ds, and any other	pertinent informa	tion should be ser	nt to:	
S	St. Anthony of Pad	ua Grade School			
A	TTN: Admissions				
1	715 W. 9 th Street				
V	Vilmington, DE 19	805			
Sincerely,					
Principal					
*Authorization For Release of Scho	ool Information				
I hereby authorize the chief scho	ool officer of				
**					
Name of School	Address	City	Sta	ate	Zip Code
to release my child's records.					
Signature of Parent or Guardian	-		Date		

^{*}Section 439 Public Law 93 380 Family Educational Rights and privacy act of 1974

^{**}Name of School child is presently attending