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**Parent Authorization for Release of School Records**

To: School

Address

City, State, Zip

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release to La Purísima Concepción Catholic School all records, including grades, health records, and any further developmental information regarding the below named pupil:

Name of Student

Date of Birth

Grade Entering

Please send cumulative folder/records, health records, and other records to the address on the letterhead.

Name of Parent

Signature of Parent

Date

219 West Olive Avenue, Lompoc, California 93436  
(805) 736-6210  
(805) 735-7649 facsimile  
www.lapurisimaschool.org