



St. Anne Pacelli Catholic School
High School Counseling Department
Office #: 706-561-8232 x 151
Fax #: 706-561-3243

STUDENT RECORDS RELEASE AUTHORIZATION

Date _____ Last Four of SSN _____

Student's Name _____
(at time of enrollment) Last First MI

Address _____
Street City State Zip

Phone () _____ Date of Birth _____

E-mail Address _____

Graduation Year _____ or Withdrawal Date _____

to be mailed

to be picked up (please allow 24 – 48 hours for processing)

I AUTHORIZE ST. ANNE PACELLI CATHOLIC SCHOOL TO RELEASE STUDENT RECORDS TO:

Institution (College, University, Business)

Address

City State Zip

Signature of Student

Signature of Parent/Guardian
(Required if student is under 18 years of age)

Please Print Name