

Saint Paul School  
*in Hingham*

18 Fearing Road  
Hingham, MA 02043  
781-749-2407

**REQUEST FOR RELEASE OF STUDENT RECORDS**

Please release all pertinent health and academic records for

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

I give permission for Saint Paul Elementary School to *receive/release* the complete record (including health) of the above named student *from/ to* the following:

Name of School/Agency: \_\_\_\_\_

Address of School/Agency: \_\_\_\_\_

City and State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date