



AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

ST. CROIX CATHOLIC SCHOOL
621 S. Third St.
Stillwater, MN 55082

Please forward the records indicated by an X:

Transcript

Standardized Test Scores

Teacher, Principal, and/or Counselor Observations and Ratings

Health Records

Psychological Services Records

Special Services Records

Other _____

I authorize the release of the records indicated above for:

Name of Student _____

Date of Birth _____

Current Grade or Year of Withdrawal: _____

Send the above indicated information to the following:

St. Croix Catholic School
621 S. Third St.
Stillwater, MN 55082
Tele: 651 439-5581
Fax: 651 439-8360

Parent or Guardian Signature _____ Date _____

Parents – Please complete the following information. Records can be requested from the following school:

Name and address of school _____

Telephone number of school _____

Fax number of school _____