



John F. Kennedy Catholic School

Authorization to Release Information

I hereby authorize: _____
(School student is coming from)

(Street address)

(City, State, Zip)

(Phone Number & Fax Number)

Name of Student: _____ Grade Entering: _____

To release the following information:

- Health Records
- Behavioral Records
- Psychological Records
- Standardized Test Scores
- Report Cards
- Attendance & Tardy Records

Please send this completed form and corresponding paperwork to:

John F. Kennedy Catholic Senior High School
2550 Central Parkway SE
Warren, Ohio 44484
Attention: Office of Admission
Phone: 330-369-1804
Fax: 330-369-1125

Signature Parent/Guardian: _____ Date: _____

For Office Use Only:

Received By: _____ Date: _____