



St. Raphael Catholic School

1376 Snell Isle Blvd. N.E.
St. Petersburg, Fl. 33704
727-821-9663 School
727-502-9594 Fax
srsoffice@st-raphaels.com

Student Record Release Permit (Return this form with your Registration)

Student's Name: _____

Grade: _____ Date: _____

Must be a complete address

Name of School _____

School Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

PLEASE FAX, EMAIL OR MAIL ALL RECORDS INCLUDING THE FOLLOWING:

- 1. Up-to-date transcript (report cards, standardized test scores, dates of entry/withdrawal, grading scale)**
- 2. Any psych/social work reports; special testing reports including ADAPT, IEP's special placement information, or other pertinent data.**

Send to: St. Raphael Catholic School
1376 Snell Isle Blvd. N.E.
St. Petersburg, Florida 33704
Attn: Student Records

Signature Parent/Guardian Authorizing Release: _____

Registrar's Signature: _____ Date: _____