



**END OF YEAR - RELEASE OF INFORMATION FORM**  
REGISTRAR'S OFFICE

*Please complete the following Release of Information Form and deliver to your current school if you have not already completed a previous request to forward your records. Your child will not be allowed to matriculate until records have been received.*

RE:

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|               |            |        |        |          |
|---------------|------------|--------|--------|----------|
| LAST NAME     | FIRST NAME | MIDDLE | GENDER | GRADE    |
| ADDRESS       |            | CITY   | STATE  | ZIP CODE |
| DATE OF BIRTH |            |        |        |          |

I HEREBY AUTHORIZE:

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NAME OF SCHOOL

TO RELEASE THE FOLLOWING RECORDS:

- ✓ COMPLETE TRANSCRIPT
- ✓ SPECIAL EDUCATION RECORDS
- ✓ STANDARDIZED TEST SCORES
  - ✓ ATTENDANCE RECORD
  - ✓ HEALTH RECORD
- ✓ PSYCHOLOGICAL REPORTS

TO:

ST. JOHN PAUL II HIGH SCHOOL

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PARENT SIGNATURE

DATE

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ST. JOHN PAUL II HIGH SCHOOL

120 High School Road Hyannis, MA 02601

TEL: 508.862.6336 • FAX: 508.862.6339 • WEB: [www.sjp2hs.org](http://www.sjp2hs.org)