



TRANSFER OF RECORDS AUTORIZATION FORM

TO: _____
NAME OF PREVIOUS SCHOOL

STREET ADDRESS

CITY, STATE, ZIP CODE

You are hereby authorized to furnish and release all information and records
pertaining to my child _____
COMPLETE NAME OF CHILD

FROM: **St. James School**
 25 Graham Street
 Biddeford, ME 04005
 (207) 282-4084

This authority shall continue in force until revoked by me, in writing. I understand that information obtained shall be held in strict confidence and shall not be forwarded to any other agency, school or person without permission by law.

PARENT/GUARDIAN SIGNATURE

DATE