

# Transfer Student Release of Information Authorization Prince of Peace Catholic School

Thank you for your interest in Prince of Peace Catholic School.  
Please complete this form and return with your Transfer Student Enrollment Form.

Student(s) Name	Date of Birth	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize the schools listed above to release information regarding transcripts, educational programming, and behavioral services or programs for any of my children listed above to the Principal, Assistant Principal, and Counselor at Prince of Peace Catholic School.

Prince of Peace Catholic School  
312 South 4<sup>th</sup> Street  
Clinton, IA 52732  
563-242-1663

I understand that I have the right to inspect the released information at any time. I may also revoke my consent by written notification. This authorization is valid for one year or until (date) \_\_\_\_\_; not to exceed 12 months. I will make a copy of this authorization if I so choose.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Student