



St. Anthony School

2421 South C Street • Oxnard, CA 93033 • 805-487-5317

Parent Authorization for Release of School Records

Releasing (Previous) School _____

Address _____

City, State, Zip Code _____

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release, to the below named school, all school records, including grades, health records, and any other developmental information regarding the below named pupil:

Name of Student _____

Date of Birth _____

Entering Grade _____

Signed _____

Date _____

Please send the above requested records to:

**St. Anthony School
2421 South C Street
Oxnard, CA 93033**