



COMPLETE AND RETURN THIS FORM WITH THE CONTRACT OF ENROLLMENT

I hereby authorize

Principal's Name _____

School Name _____

Address _____
Number and Street City State Zip Code

Phone Number () ()
Main Number Fax Number

to release the transcripts for

Student's Name _____
Last First Middle

Date of Birth ____ / ____ / ____ Social Security Number ____ - ____ - ____

Grade Leaving _____

**To: Cathedral Baptist School
Office of Admissions
5622 35th Street
Rockford, IL 61109**

Signed _____
(Parent or Guardian)

Date ____ / ____ / ____
Month Day Year