



**St. Stanislaus School
Michigan City**

Release of School Records Authorization

This form is submitted to the school where your student's records are on file. To assist in the prompt and efficient transfer of your child's educational records, please provide the information below.

Previous School: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ **Fax Number:** _____

Student Name: _____

Date of Birth: _____

Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Please send an official permanent record including **all** academic, medical, social, psychological, and testing information.

Please send to:

St. Stanislaus School
1506 Washington Street
Michigan City, Indiana 46360

219-872-2258 – Phone
219-872-2295 – Fax

Ms. Jill Jelinek, Principal
St. Stanislaus Kostka School