



ST. DENIS - ST. COLUMBA SCHOOL

AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

STUDENT NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

This information is to be directed to the attention of the following named person:

Sr. Kathleen Marie, CR
St. Denis-St. Columba School
849 Main Street PO Box 368
Hopewell Junction, NY 12533
Fax: 845-226-8470

Email: Lschifini@stcolumba.net or Sgonzalez@stcolumba.net

Authorized Signature: _____

Relationship to Student: _____ Date: _____

School Being Transferred From:

NAME OF SCHOOL _____

ADDRESS: _____

PHONE: _____

FAX: _____

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