



**SAINT
ANTHONY**
HIGH SCHOOL

304 E. Roadway Ave.

Effingham, Illinois 62401

Ph 217.342.6969 • Fax 217.874.6996 • www.stanthony.com

RECORD RELEASE FORM

Date: _____

I hereby authorize the Registrar, Office Staff, or Secretary and _____ School
(Name of Sending School)

to release all information (Health, Psychological, Social Services) in the school records of

_____. With this permission, I also release
(Student Name)

_____ School from all liability and all claims pertaining to the
(Name of Sending School)

disclosure of this information.

**Please send records to: St. Anthony High School
 304 E Roadway Avenue
 Effingham IL 62401**

Signature: _____
(Parent/Guardian)