

**NOTRE DAME REGIONAL HIGH SCHOOL**  
**Guidance Department**  
265 NOTRE DAME DRIVE  
CAPE GIRARDEAU, MISSOURI 63701  
Guidance Phone and Fax: 573-335-3701

***CONSENT FOR RELEASE OF INFORMATION***

**STUDENT'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

We request the release of the following information:

- |  |  |
|--|--|
| 1. Cumulative Permanent Records including Social Security Card and Birth Certificate | 4. Health Information Including Immunization Records |
| 2. Special Education Records, including active I.E.P. and current Diagnostic Summary | 5. Psychological Reports                             |
| 3. Attendance Records  | 6. Discipline Reports                                |
|  | 7. Any Legal Documents (Custody, etc.)               |

Information to be released from:

\_\_\_\_\_  
**School/Organization/Institution**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**

\_\_\_\_\_  
Phone Email

\_\_\_\_\_  
Requested by Title