

St. Matthew Catholic School
2038 West Van Buren
Phoenix, AZ 85009
(602) 254-0611

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Date: _____

TO: School Principal or Registrar:

Please send all transcripts, grades, test records, medical records and any other information needed to make appropriate educational placement to St. Matthew Catholic School.

Student Name: _____ Date of Birth: _____

Previous School Attended: _____

Address of Previous School: _____

City, State, and Zip Code: _____

As evidence by my signature, I hereby authorize the release of all school record to the Principal or Registrar of St. Matthew School.

Parents/Guardian Signature

Date