

Authorization for Release of Student Records

The following student has enrolled at St. John's School:

Student's Name _____
Last First Middle

Applying to Grade _____ Student's Date of Birth _____

Student's Previous School _____

School Point of Contact _____

Point of Contact Email Address _____

I hereby give permission to release copies of the above-name student's cumulative records.

Signature of Parent/ Guardian Date

TO THE SCHOOL:

Please send the following information to St. John's School as soon as possible.

- Official Transcripts/Report Card
- Academic Records
- Medical Records

MAIL TO:

**St. John's School
Registrar's Office
911 N Marine Corps Drive
Tamuning, Guam 96913**