

Release of Information

In order to enable _____ School of Religious

Education to obtain information that would assist in providing religious education

for _____ (name) _____ (date of birth),

I authorize _____, Director of Religious

Education, as well as designated staff and catechists to obtain confidential medical, psychological, and educational information from medical, psychological, and

educational personnel who have been working on behalf of my child.

Family home phone number _____

Address _____

City _____ Zip _____

Date _____

Signature of Parent/Guardian _____

Obtain information from:

School _____

Staffs contact _____

Address _____

City _____ Zip _____

Phone _____

Copies of this form to:

____ Parish School of Religious Education

____ Elementary/Secondary school indicated above

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