

**St. Peter Central Catholic
865 Main Street
Worcester, MA 01610
508 791-6496
Fax 508 770-0818**

The Commonwealth of Massachusetts mandates that schools in the State obtain a signed release from parents/guardians of a child prior to the release of records. We ask, therefore, that you sign and return this release to Saint Peter Central Catholic's front office as soon as possible.

I hereby give my permission for St. Peter Central Catholic to release the school and health records of the student named below.

Name of Student _____
Present Address _____
School Transferring To _____

Signature of Parent or Guardian _____
Date _____