



ST. Ambrose Academy
31 Empire Blvd.
Rochester, NY 14609
585-288-0580



Dear Parents and Guardians:

Please complete this form and return it to the school office.

Thank you,
Ms. Deutsch
Principal

I/We give permission for all health, academic and psychological records for my child

_____ D.O.B _____ Grade _____ to be released by:
(child's name)

School/Day Care Center: _____

Address: _____

Phone: _____

Contact/Fax _____

The records are to be sent to:
St. Ambrose Academy
31 Empire Blvd.
Rochester, NY 14609
Attn: Mrs. Senecal
Fax# (585) 288-2612

Parent/Guardian : _____
(Print Name)

Address: _____

Phone: _____

Parent/Guardian Signature: _____ Date _____
