



Release of Information

It is sometimes necessary to permit authorized persons to view the records of a student. The authorized persons include the student's teacher(s) and the school administration.

We, (I) _____, the undersigned
parent(s) or guardian(s) of _____ give The Regis School
permission to release pertinent testing and medical information each year to the teachers
and administrators involved in our child's education at The Regis School.

Signature of Father or Legal Guardian

Date

Printed Name

Signature of Mother or Legal Guardian

Date

Printed Name

This release will remain in your son's permanent folder throughout his enrollment at Regis and shall continue in force until and unless specifically revoked in writing.