



**St. Aloysius School**  
33 South Avenue, New Canaan, CT 06840  
Telephone 203/966-0786  
Fax 203/972-6960

**RELEASE OF RECORDS FORM**

Kindly send the academic and medical records of

\_\_\_\_\_

to St. Aloysius School, 33 South Avenue, New Canaan, CT 06840.

Your prompt response is greatly appreciated.

Thank you.

School Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date: \_\_\_\_\_