

**SAINT JOHN THE BAPTIST SCHOOL**

19 Chestnut Street  
Peabody, Massachusetts 01960  
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**RELEASE OF RECORDS**

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

Name of Student(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Former Address \_\_\_\_\_

New Address \_\_\_\_\_

Former School  
and Address \_\_\_\_\_  
\_\_\_\_\_

New School  
and Address \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, authorize the release of records and information (academic, special needs and medical) to / from St. John the Baptist Elementary School.

Parent/Guardian Signature \_\_\_\_\_

Date Records Mailed \_\_\_\_\_

By: \_\_\_\_\_ Title \_\_\_\_\_