

**SAINT JOHN THE BAPTIST SCHOOL**

19 Chestnut Street  
Peabody, Massachusetts 01960  
Phone: 978-531-0444  
Fax: 978-531-3569  
www.stjohns-peabody.com



**RELEASE OF RECORDS**

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

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

Address/City: \_\_\_\_\_  
\_\_\_\_\_

Former School & Address: \_\_\_\_\_

New School & Address: St. John the Baptist School – 19 Chestnut Street – Peabody, MA 01960

I, the undersigned, authorize the release of records and information (academic, special needs and medical) to \_\_\_\_\_.

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

\_\_\_\_\_  
To be completed by school.

Date records mailed: \_\_\_\_\_

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