



St. John Paul II Regional School

515 Marcy Avenue, Riverhead, NY 11901
(631) 727-1650 P – (631) 727-3945 F - sjp2regional.org

Official Request for Release of Records

I, _____, authorize the release of records for
(print name of legal guardian)

my child _____, D.O.B. _____, Grade _____
(print name of student)

from: _____
(previous School Name)

(previous School Address)

to St. John Paul II Regional School.

Guardian Signature: _____ Date: _____

-----*Please do not write below this line. Office use only.*-----

**The above named student
is interested in enrolling or has decided to register with our school.**

Please release copies of the following information to us. Thank You!:

- report cards (most recent) Date: _____
- behavioral/discipline records Date: _____
- health/immunization Date: _____
- Standardized testing information Date: _____
- anything pertinent from the student's permanent records Date: _____

Please email, fax or mail to:

Admissions@sjp2regional.org
Fax: 631-727-3945

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Office: 631-727-1650

'Faith and Reason'