



**ST. Ambrose Academy**  
**31 Empire Blvd.**  
**Rochester, NY 14609**  
**585-288-0580**



Dear Parents and Guardians:

Please complete this form and return it to the school office.

Thank you,  
Mrs. Senecal  
Principal

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I/We give permission for all health, academic and psychological records for my child

\_\_\_\_\_ D.O.B \_\_\_\_\_ Grade \_\_\_\_\_ to be released by:  
(child's name)

School/Day Care Center: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Contact/Fax \_\_\_\_\_

**The records are to be sent to:**  
**St. Ambrose Academy**  
**31 Empire Blvd.**  
**Rochester, NY 14609**  
**Attn: Mrs. Senecal**  
**Fax# (585) 288-2612**

Parent/Guardian : \_\_\_\_\_  
(Print Name)

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

\_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_