



Office of the
School Registrar

SR Form No. - 002

PROXY REQUEST OF RECORDS

THIS IS TO AUTHORIZE the bearer, _____,
whose signature appears below to request for and/or receive in my behalf, documents issued by the School Registrar of St. Rose Catholic School, Inc.

THIS IS TO FURTHER WAIVE the privacy of academic records and hold St. Rose Catholic School, Inc. Registrar and school officials, free from any liabilities or damages in connection with the release of documents.

Representative/Proxy:

(2 photocopy of a valid ID w/ signature must be presented)

Requesting party:

(1 photocopy of a valid ID w/ signature)

Signature over printed name

Date

Signature over printed name

Date