



316 W. Mill St.
Wauconda, IL 60084
(847) 526-6311

therchenbach@frassaticatholicacademy.org

Records Release Form

Date: _____

To: _____

Address: _____

Student Name: _____

Address: _____

The above-named student is enrolled at Frassati Catholic Academy. Please send all academic, attendance, medical and psychological records to the address below to assist us in working with this student and their family.

Thank you,



Daniel Flaherty
Frassati Catholic Academy Principal

Parent/Guardian Signature

Date

Please mail records to:

Frassati Catholic Academy
316 West Mill Street
Wauconda, IL 60084