



# Blessed Sacrament CATHOLIC SCHOOL

*Education for Living. Faith for Life.*

## **Release of Personal Information 2018-2019**

I, \_\_\_\_\_ hereby give permission for Blessed Sacrament Catholic School to release my personal information, such as, phone number, address and e-mail address to Blessed Sacrament School families, personnel, class lists and in the Blessed Sacrament Family Directory 2018-2019. This information will not be released to the general public.

Family Name \_\_\_\_\_ (Please Print)

*This consent must be re-examined and signed each year.*

Parent/Guardian

Signature: \_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_

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