



**ST. JOHN PAUL II**  
**CATHOLIC SCHOOL**

**RELEASE OF INFORMATION**

I understand that:

- a. The information that I have provided St. John Paul II Catholic School may be verified by contacting persons or organizations named in the application, or by contacting any person or organization that may have information concerning me. All such persons and organizations are hereby authorized to disclose to the St. John Paul II Catholic School all information regarding me in their possession. I hereby release and agree to hold harmless from liability all such persons or organizations with respect to furnishing any information about me to St. John Paul II Catholic School, and I further agree to hold harmless the Board Members, employees, and agents with respect to soliciting such information.
- b. In signing this application, I affirm that the information I have given is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name