



Villanova Initiative for Engaging Women

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VIEW 2011 - 2012

School Record Release Form

I give permission for the Villanova University VIEW Program/Staff to obtain school information about my child, _____ . I understand that these records will be used in connection with her participation in the Villanova University VIEW Program.

PRINT student's name _____

PRINT parent/guardian's name _____

SIGNATURE of parent/guardian _____

DATE _____