



Records Release Request

Student's Name _____ Birth Date _____
Former School _____ Grade Level _____

I hereby authorize Saint Mary's School to _____ obtain, or _____ release pertinent information concerning the above named student. These records will be ethically used in planning the total educational program for this child. I have the right to inspect all records on my child.

AGENCY RELEASING INFORMATION

Name: _____
Address: _____

AGENCY REQUESTING INFORMATION

Name: _____
Address: _____

TYPE OF MATERIAL

_____ Immunization _____ Cumulative Record _____ Student Activities
_____ Standardized Test _____ Confidential File _____ Birth Certificate
_____ Baptismal Certificate _____ Eye, Ear, Dental _____ Social Security #
_____ Other _____

Please release all standard educational records as well as other records requested to the child's school.

Mail _____ to the address listed at the bottom of this page.

FAX _____ to 1-706-234-3030

I, _____, do hereby give my permission to have the above records released to the agency designated.

Date

Principal: _____

Date: _____