



## 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: \_\_\_\_\_