



Release of Records

Date: _____

I, _____ give Saint Mary School
Name of parent or guardian

permission to release/obtain any and all information in the records

of _____ to/from _____
Name of child Name of school

Address

Phone Number

This release allows for the Principal, teacher or other staff member of St. Mary School and this school to discuss this child and anything germane to his/her education.

In the case of another non-public school, this release also allows either school to discuss financial issues related to tuition of other fees.

Signature of parent or guardian

Name of parent / guardian

Address

Telephone