



St. Mary Our Mother School Authorization for Release of Information

Please complete the information below and return it to the school office. St. Mary Our Mother School will contact your current school to obtain the required documentation.

Current School Information (please print)

TO:

School Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

FROM: St. Mary Our Mother School
811 Westlake Street
Horseheads, NY 14845

Phone: 607-739-9157

FAX: 607-739-2532

STUDENT INFORMATION (please print)

Student's Full Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Entering Grade: _____

Permission is hereby given to St. Mary Our Mother School to receive the following information from you regarding the above named student:

- ☐ Transcript (Permanent Record Information)
- ☐ Standardized Test Data (Achievement, Aptitude)
- ☐ Current Grades and Grading Conversion Scale
- ☐ Health Records
- ☐ Special Education Records
- ☐ Psychological Reports/Social Work Reports
- ☐ Other _____

Reason for Request: _____

Signature of Parent or Guardian (Note: Valid one calendar year from date signed)

Date