



St. Mary's Academy

MAGNIFY THE LORD

RECORD REQUEST AUTHORIZATION FORM

Instructions for Parents: Please complete and submit this form to your child's current school. St. Mary's does not require Kindergarten applicants to submit this form.

Name of Applicant _____ Date of Birth _____

Grade Applying for _____ Age _____

Current School Name _____ Current Grade Level _____

School Address _____ Phone _____

Directions for School: The student named above is applying to St. Mary's Academy. Please mail or fax all student records. Please provide the following:

_____ Transcripts/report cards for the current semester and the previous two years, if applicable.

_____ Standardized test scores for the current semester and the previous two years, if applicable.

_____ Complete discipline record for the current semester and the previous two years, if applicable.

I hereby authorize you to release the requested information regarding my child's application to St. Mary's Academy. I waive any right of access to all information from any source in conjunction with my child's application to the school named above.

Print Name of Parent of Legal Guardian _____

Signature of Parent or Legal Guardian _____

Date _____