



**Mary, Seat of Wisdom School**

**STUDENT TRANSFER IN RECORD RELEASE FORM**

STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PREVIOUS SCHOOL WITH ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I grant permission for the release of all records for the above named student.

\_\_\_\_\_ **PERMANENT RECORDS INCLUDING:** Basic identifying information (name, birthdate, etc.)  
academic transcripts and health report.

\_\_\_\_\_ **SPECIAL RECORDS INCLUDING:** Diagnostic test scores; Psychological and other evaluative  
reports; Special Education records; verified record from outside agencies.

\_\_\_\_\_  
Parent/Legal Guardian (Please Print) Date

\_\_\_\_\_  
Signature Parent/Legal Guardian Date

PLEASE FORWARD RECORDS TO:

**Mary, Seat of Wisdom School  
1352 S. Cumberland Avenue  
Park Ridge, Illinois 60068**