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