



ST. MICHAEL'S ACADEMY

RECORD RELEASE FORM

Date: _____

To: _____
School

_____ Address

_____ City, State, Zip Code

I, _____, authorize the release of the following:
Parent/Guardian

health records, academic transcripts, standardized test results, most recent IEP (if applicable) and attendance records for this student:

_____ Student's Name

_____ Address City State Zip Code

Please send all records to this address:

St. Michael's Academy
153 Eddywood Street
Springfield, MA 01118

Parent's /Guardian's Signature: _____