

TRANSCRIPT RELEASE FORM/REQUEST FOR RECORDS

AUTHORIZATION FOR TRANSCRIPT AND ALL RECORDS CONCERNING:

Student Name: _____ Birth Date: _____

Last Grade Completed: _____ Date Requested: _____

Student Social Security Number: _____

Send to: St. Mary Catholic School
220 W. Downie Street
Alma, MI 48801-1621

Release from: _____

School Name and Address

I hereby give the above school permission to release all records for my son(s)/daughter(s) to St. Mary Catholic School.

Parent/Guardian Signature: _____

*This release includes and applies to educational records including medical, psychological testing, and behavior records, which are available.

Phone 989-463-4579 • Fax 989-463-8297

