

PERMISSION FOR RELEASE OF RECORDS

for applicants to St. Mary's Academy

Date: _____

I hereby authorize the release to St. Mary's Academy recommendations and all permanent school records, including transcripts, health and behavioral records, as requested by St. Mary's Academy for:

Student Name: _____

From: _____

name of current school

school's street address

city, state, and zip

I understand that the written teacher evaluations required by St. Mary's Academy are confidential and may not be reviewed, but I may schedule an appointment with the Principal to review the student's permanent academic records. All access to a release of permanent records will comply with state and federal laws.

Parent or Guardian Signature

Print Name

**RETURN THIS FORM WITH YOUR COMPLETED APPLICATION FOR ADMISSION
TO THE ST. MARY'S ACADEMY ADMISSIONS OFFICE.**



ST. MARY'S ACADEMY

Today's Young Woman. Tomorrow's Leader.

OFFICE OF ADMISSIONS

1615 S.W. FIFTH AVENUE • PORTLAND, OREGON 97201-5403 • (503) 721-7725 • (503) 223-0995 fax • admissions@stmaryspdx.org • www.stmaryspdx.org