

## AUTHORIZATION FOR RELEASE OF RECORDS

To: Principal or Guidance Counselor				
School:				
Address:				
City:	State:	Zip:		
E-Mail:				
As the Parent/Guardian the release of complete as Standardized testing Psychological testing, if	Academic, Behav results and any S	ioral and Medical	Record	s as well
Parent / Guardian Name (please print)		Date		
Parent / Guardian Name (signature)		Phone numbe		
Street Address	City	State	Zip	
	Please send the Saint Mary S Admissions 24 Dodgingto Bethel, CT (	School Office own Rd.		