



ST. MARY MAGDALENE CATHOLIC SCHOOL

FORMING THE COMPLETE CHILD THROUGH FAITH, REASON & VIRTUE

Records Release Form

Parent or Guardian: Please complete the information below and return to St. Mary Magdalene Catholic School in order to have your student's transcripts sent to the school.

Student's Name: _____

Present Grade: _____

On my student's behalf, I request that the following information be included:

- Transcripts and final grades for all grade levels
- All standardized test scores to date
- All Behavioral Reports (if applicable)
- Any additional information (if applicable)

Name of school applying to:

To the attention of:

Email address

Fax number

Parent Signature: _____ Date: _____