



# Bishop McVinney School

155 Gordon Avenue  
Providence, RI 02905  
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www.bmv-school.org



**I DO HEREBY FULLY AUTHORIZE:**

\_\_\_\_\_

(Name of School)

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City, State, Zip)

\_\_\_\_\_

(Fax)

**TO RELEASE SCHOOL RECORDS ON FILE FOR BELOW STUDENT TO BISHOP MCVINNEY SCHOOL:**

\_\_\_\_\_

(Student Name)

\_\_\_\_\_

(Grade)

(Date of Birth)

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE MAIL OR FAX ALL ACADEMIC, MEDICAL, AND TEST RECORDS TO THE ABOVE ADDRESS.**