



## Authorization of Release of Student Information

Student's Name: \_\_\_\_\_

I hereby authorize the release of copies of the above-named student's school records including grades, health records, and any other developmental information to **Our Lady of Mercy School**.

I also authorize the president, principal, or pastor of any other school—religious, private, or public—that this student has attended, to discuss the student's application to Our Lady of Mercy School, along with any other matters relating to the student's enrollment at  School that may be relevant to his/her application to and attendance at **Our Lady of Mercy School**.

I understand that information concerning tuition payment history may be provided.

I release all persons, companies, and corporations supplying such information from and against any and all liability which might result from furnishing or receiving such information.

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

Date: / /

Please print name: \_\_\_\_\_