



SAINT MARY SCHOOL

183 HIGH RIDGE AVENUE • RIDGEFIELD, CT 06877 • 203.438.7288 • WWW.SMSRIDGEFIELD.ORG

AUTHORIZATION FOR RELEASE OF RECORDS

To: Principal or Guidance Counselor

School: _____

Address: _____

City: _____ State: _____ Zip: _____

As the Parent / Guardian of _____, I hereby authorize the release of the complete Academic, Behavioral and Medical Records as well as Standardized testing results and any Special Education Records or Psychological testing, if applicable,

Parent / Guardian Name, Please Print

Date

Parent / Guardian Signature

Home Phone Number

Home Address

Please send the records to:

**Saint Mary School
Attn: Admissions Office
183 High Ridge Avenue
Ridgefield, CT 06877**