



OUR LADY OF MERCY SCHOOL

149 Neck Road Madison, CT 06443 (203) 245-4393

I grant permission for Our Lady of Mercy School to:

_____ release to: _____

(street)

_____ (town) _____ (state) _____ (zip code)

_____ receive from: _____

(street)

_____ (town) _____ (state) _____ (zip code)

the following information concerning: _____

_____ Official administrative records (names, address, birth date, grade level completed, grades, class standing, attendance record, standardized achievement test scores, religious information, if available)

_____ Verified data and standardized I.Q. Tests.

_____ Psychological, Educational, and/or Speech/Language evaluation reports.

_____ Teacher and Counselor observations and ratings.

_____ Health records: The State of Connecticut mandates that complete up-to-date immunization records be received by Our Lady of Mercy School before any student is permitted to attend class.

Signature of Parent of Guardian

Date