

# Saint Mary School

183 High Ridge Ave.  
Ridgefield, CT 06877  
(203)438-7288

## 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  
Attention: Admissions Office  
183 High Ridge Avenue  
Ridgefield, CT 06877**