



Saint Mary School  
RIDGEFIELD

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 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  
Admissions Office  
183 High Ridge Avenue  
Ridgefield, CT 06877