

MARYMOUNT SCHOOL

NEW YORK

Permission to Release Records

To the Parents:

Please fill in, sign this form and send it to your child's school.

A completed report is a necessary part of your application to Marymount School.

Name of Candidate _____ Applying for Grade _____

Current school _____ School phone _____

School address _____

I give permission to release a copy of the requested student record data.

Signature of Parent or Guardian _____ Date _____

To the School:

The student named above is applying to Marymount School. Please mail a copy of her school records, including grades and recent standardized test scores, to Marymount School. All information will be treated confidentially and used only in the admissions process. Thank you.

Lillian Issa
Director of Admissions