



SAINT MARY'S ACADEMY

TRADITIONAL CATHOLIC SCHOOLS OF THE SOCIETY OF ST. PIUS X
200 EAST MISSION STREET SAINT MARYS, KANSAS 66536
PHONE 785-437-2471 • FAX 785-437-6597

Record Release Authorization Form

Please complete and sign this form and submit it **to** the school most recently attended by your child.
Submit a separate form for each child.

IMPORTANT: If your child will be enrolling in high school, these records are essential so that we may place your child in the appropriate classes.

Date: _____

Name of Student: _____
Last First Middle

Birthdate of Student: _____ Current Grade Level: _____

Name of School attended _____

Grade level(s) while attending school: _____

School Address: _____
Street address City, State, Zip Country (if not U.S.)

School telephone number: _____

My child is an applicant for admission to St. Mary's Academy. I hereby authorize you to release to St. Mary's Academy the following records:

- **Transcripts of all academic work done or copies of report cards**
- **Disciplinary records**

Please send records to: Attn: Registrar
St. Mary's Academy
P.O. Box 159
St. Marys, KS 66536

Signature of Parent: _____

Printed name of Parent: _____

Parent Address: _____
Street address City, State, Zip Country (if not U.S.)