



ST. AGNES  
SCHOOL

## CONSENT FOR RELEASE OF RECORDS

I hereby authorize:

School's Name: \_\_\_\_\_

School's Address: \_\_\_\_\_

\_\_\_\_\_

To release the following student's records: \_\_\_\_\_

Type of records to be released:

\_\_\_\_\_ School records (including Standardized Test Scores)

\_\_\_\_\_ Health records

\_\_\_\_\_ Transcripts for post-secondary education

Please release records to:

St. Agnes School  
ATTN: Admissions Department  
603 St. Agnes Lane  
Baltimore, MD 21229  
Phone: 410-747-4070  
Fax: 443-636-5455

I understand that the recipients of the records will use the material for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my written consent.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_