



# Saint Mary School

50 North Buffalo Grove Road  
Buffalo Grove, Illinois 60089  
(847)459-6270  
(847)537-2810 Fax  
[www.school.stmarybg.org](http://www.school.stmarybg.org)

## REQUEST TO RELEASE STUDENT RECORDS

Students' Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade at time of transfer: \_\_\_\_\_

I hereby give \_\_\_\_\_  
(Name of Previous School)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

permission to release all of the above named student's records and health records including all special education records and evaluations.

Please mail records to the above address, attention "Lisa Tomassetti".

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_