



Saint Mary  
of the snows  
Catholic  
School

## PARENTAL CONSENT FOR RECORD RELEASE

TO: \_\_\_\_\_  
(Name and address of current school)

RE: \_\_\_\_\_ (Student name) \_\_\_\_\_ (Grade)

I am the parent/legal guardian of the above named child and I authorize you to release the records to: St. Mary School  
1630 Ashland Road  
Mansfield, Ohio 44905

◆  
SHAPING  
THE MIND, BODY  
AND SPIRIT OF  
TOMORROW'S  
LEADERS  
◆

Specific records/data to be released:

- Academic
- Custody
- Discipline
- Health
- Psychological
- Test Scores
- I.E.P. or other special education placement forms
- W.E.P.
- Records from previous school districts

\_\_\_\_\_  
(Parent/Guardian's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print parent/guardian name)

Please mail records to the above listed address or email to:  
[campbell.aimee@mansfieldstmarymail.org](mailto:campbell.aimee@mansfieldstmarymail.org)

ST. MARY SCHOOL USE ONLY	
Date Released _____	Date Received _____