



RELEASE OF RECORDS FORM

Dear _____

_____ is being considered for acceptance as a student at Most Blessed Sacrament Catholic School. Please send non-returnable copies of academic records, health records, psychological records, disciplinary records, and any other pertinent information to:

Most Blessed Sacrament Catholic School
11242 Racetrack Road
Berlin, MD 21811
410-208-1600 phone
41-208-4957 fax

Authorization for Release of School Records

I hereby authorize the chief school officer of

School _____

Street _____

City, State and Zip _____

School Phone Number _____

*to release my child's records.**

Signature of Parent or Guardian

Address

Date Requested

Parents: Please send one copy of this form to your child's current school and one copy to MBS at the above address. Final records will be requested when your child is accepted into MBS.