



**RELEASE OF RECORDS FORM**

Dear \_\_\_\_\_

\_\_\_\_\_ Has been accepted 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  
410-208-4957- 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.*