



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 return a copy of this form to MBS at the above address. Final records will be requested when your child is accepted into MBS.