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ST. MARY'S INSTITUTE

Inspiring Minds, Unlocking Potential Since 1880.

10 Kopernik Blvd., Amsterdam, NY 12010

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RELEASE OF RECORDS (MUTUAL EXCHANGE)

I give permission for the exchange of information concerning my child,

_____, between St. Mary's Institute,
(Child's Name)

10 Kopernik, Blvd., Amsterdam, NY 12010 and _____
(Previous School District)

Such information may include health records, cumulative folders and/or other confidential records.

Parent or Guardian Signature

Date

Previous School Attended _____

Address of Previous School _____

