



## AUTHORIZATION TO RELEASE SCHOOL RECORDS

*Parent/Guardian: Please complete and return form to Marian Middle School. Upon receiving, Marian will submit this form to your child's current/previous school.*

Previous/Current School: \_\_\_\_\_

Address: \_\_\_\_\_ Sch Phone \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This student has recently applied for admission at Marian Middle School. Please forward the following information from your records:

- Report Cards – Two years
- Discipline records (Missouri Safe School Act)
- Attendance
- Standardized Test Scores
- Test results – educational/psychological
- Current I.E.P./diagnostic evaluations
- Immunization records and pertinent health information
- Any other pertinent information for guidance

Authorized by:

\_\_\_\_\_  
PRINT NAME Parent/Guardian

\_\_\_\_\_  
SIGNATURE Parent/Guardian

\_\_\_\_\_  
Date

While the Family Educational Rights and Privacy Act does not require written consent to release records between schools, we have requested that the parent/guardian authorize this release. In accordance with the Missouri Safe Schools Act, we will anticipate your school/district response to this request within five (5) business days.

**Records can be faxed or emailed to:**  
Sharon Baca, Administrative Assistant  
sbaca@mms-stl.org  
Fax: 314.771.7679  
Phone: 314.771.7674 x10