



Record Release

TO: _____ DATE: _____

(Name of school)

(Address)

(City, state and zip code)

I, the parent or legal guardian of _____
hereby give permission for the school records, test results, attendance records, health records and any
other pertinent information regarding this student =to be forwarded to:

Admissions Office
The St. Michael School
6345 Wydown Blvd
Clayton, Missouri 63105

(Signatures of parent of legal guardian)

(Relationship to student)