



RECORDS RELEASE FORM

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, academic testing, IEP, 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

Relationship to student

Signature of Parent / Guardian