



## Authorization for Release of Information to St. Mary's School

Date: \_\_\_\_\_

I hereby authorize \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To release the information listed below regarding my child to:

St. Mary's School  
603 W. Jackson Street  
Bloomington, IL 61701  
309-828-5954 (Office)  
Please email to [lori.bellino@stmarysschool.net](mailto:lori.bellino@stmarysschool.net)

- \_\_\_\_\_ Cumulative Record, Including Birth Certificate
- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Special Education Records, Including Speech Correction
- \_\_\_\_\_ Psychological Records

\_\_\_\_\_

Print Student Name

\_\_\_\_\_

\*Parent/Guardian Signature

\_\_\_\_\_

Student Birth Date

\*In accordance with revised federal and state statutes, permission of the parent or adult student is no longer required when records are requested by authorized school personnel.