**SCHOOL RECORD RELEASE**

I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to release all results of all school

(School presently attending)

records and any evaluation material regarding my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of child)

to the Admissions Department of St. Gregory the Great School.

Please send information to:

Admissions Department

St. Gregory the Great School

85 Great Plain Road

Danbury, CT 06811

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_