



East Shoreline

Catholic Academy

A STREAM Model and Successor School of
Our Lady of Mercy and St. Mary Schools

AUTHORIZATION OF RELEASE OF STUDENT INFORMATION

Student's Name _____

I hereby authorize the release of copies of the above-named student's school records including grades, health records, and any other developmental information to East Shoreline Catholic Academy.

I also authorize the president, principal, or pastor of any other school – religious, private, or public – that this student has attended, to discuss the student's application to East Shoreline Catholic Academy, along with any other matters relating to the student's enrollment at _____ (current school name) that may be relevant to his/her application to and attendance at East Shoreline Catholic Academy.

I understand that information concerning tuition payment history may be provided. I release all persons, companies, and corporation supplying such information from and against any and all liability which might result from furnishing or receiving such information.

Parent/Guardian signature _____ Date _____

Please print name _____