

**St. Mary's School**  
716 Market Street  
PO Box 102  
Marathon, Wisconsin 54448

I hereby authorize \_\_\_\_\_  
(Name of Previous School)

(Address of \_\_\_\_\_  
previous school) \_\_\_\_\_

to release the school records and health/immunization records of the following  
child(ren):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send to:

**St. Mary's School**  
**716 Market Street**  
**PO Box 102**  
**Marathon, WI 54448**

I also request that any behavioral records be sent to the above named  
individual/school/agency. (Note: Behavioral records include psychological  
reports, personality tests, and recorded behavioral statements.)

Yes \_\_\_\_\_ No \_\_\_\_\_ (Please initial)

Signed \_\_\_\_\_ Date \_\_\_\_\_