

PARENTS: Please sign and complete this form and deliver to your child's current school.

CONSENT FOR RELEASE OF INFORMATION FORM

I (we), _____, parent (s) or

legal guardians of _____,
(student's name)

birthdate _____, hereby grant permission to

_____ to release
(name and address of **current** school)

copies of the educational records listed below of our child to **Marymount of Santa Barbara.**

- 1) standardized testing results
- 2) most recent grades
- 3) Teacher Recommendation Form
- 4) cumulative record file

SCHOOL REGISTRAR: Please send at your earliest convenience ***copies*** of all of the above listed items to the Marymount of Santa Barbara Admission Office. Please keep this form in the student's cumulative file. We appreciate your help with our admission process.

(Signature of parent/guardian)

(Signature of parent/guardian)

(Address)

(Phone number)

(Date)

Marymount of Santa Barbara, 2130 Mission Ridge Road, Santa Barbara, CA 93103 (805) 569-1811 FAX 569-0573