

*St. Mary of the Hills School*  
250 Brook Road  
Milton, MA 02186  
617-698-2464

**AUTHORIZATION FOR RELEASE OF RECORDS**

On this date \_\_\_\_\_ I \_\_\_\_\_ hereby  
(Signature of Parent/Guardian)

authorize St. Mary of the Hills School to release \_\_\_\_\_  
(Name of Student)

transcript including year-end grades, standardized testing, health records and any

other pertinent information to:

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)