

St. Augustine School
26 Central Street
Andover, MA 01810
phone: (978) 475-2414 fax: (978) 470-1327

RECORD RELEASE

DATE: _____

(Previous School)

I hereby give permission for the release of my child's records to:

St. Augustine School, 26 Central Street, Andover, MA 01810

- Academic Records (all grades)
- Results of Standardized Tests
- Results of Core Evaluations (if applicable)
- Health Records
- Any other information you feel will help us in placement

Name of Student

Signature of Parent/Guardian