



# ST. MICHAEL'S ACADEMY

*Inspired Minds*

*Faith-Filled Hearts*

*Tomorrow's Leaders*

## **INFORMATION RELEASE**

To: \_\_\_\_\_  
Name of your child's current or previous school

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

I, \_\_\_\_\_, authorize the release of the following:  
Parent/Guardian Name

Academic transcripts, standardized test results, disciplinary records, most recent IEP (if applicable), attendance records, and health records with immunizations for this student:

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Records may be sent via, mail, email, or fax to:

St. Michael's Academy  
Admissions Department  
153 Eddywood Street  
Springfield, MA 01118  
Fax – (413) 782-8137  
n.coley@smaspringfield.org

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date