

VILLA MARIA ACADEMY

Empowering Young Women through Leadership and Service in the IHM Tradition

Release of Student Records

As parent or legal g	uardian of	
	Name of Child	
I authorize and dire	et	
	Present School of Attendance	
	School Address	-
-	City, State, Zipcode	-
to release the follow	ving information:	
☐ ILA and Ma☐ The results of	Record Card or Academic Transcript thematics Portfolios, if applicable of all standardized testing cational Testing, if applicable	
	thorizes you to forward the Original official transcripts, hof withdrawal or at the end of the academic school year.	ealth, and dental
Signature of Parent		
Date		

Please forward requested information to:

Office of Admissions
Villa Maria Academy Lower School
1140 King Road
Immaculata, PA 19345-0600