

VILLA MARIA ACADEMY

Empowering Young Women through Leadership and Service in the IHM Tradition

Release of Student Records

As parent or legal gua	rdian of
-	Name of Child
I authorize and direct	
	Present School of Attendance
-	School Address
_	City, State, Zipcode
to release the following	g information:
☐ ILA and Math	nanent Record Card or Academic Transcript nematics Portfolios, if applicable all standardized testing
Signature of Parent _	
Date	

Please forward requested information to:

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