



# VILLA MARIA ACADEMY

*Empowering Young Women through Leadership and Service in the IHM Tradition*

## Release of Student Records

As parent or legal guardian of

\_\_\_\_\_

*Name of Child*

I authorize and direct

\_\_\_\_\_

*Present School of Attendance*

\_\_\_\_\_

*School Address*

\_\_\_\_\_

*City, State, Zipcode*

to release the following information:

- Original** Permanent Record Card or Academic Transcript
- ILA and Mathematics Portfolios, if applicable
- The results of all standardized testing
- All health and dental records (**originals**)

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

Please forward requested information to:

Office of Admissions  
Villa Maria Academy Lower School  
280 IHM Drive  
Malvern, PA 19355