



Request for Records Release

Kindergarten through 8th

Please complete this form, sign it, and submit it to your child's current school for permission to release records to St. Mark's Episcopal School.

STUDENT'S LAST NAME	FIRST	MIDDLE	PREFERRED NAME
NAME OF CURRENT SCHOOL			CURRENT GRADE LEVEL
SCHOOL ADDRESS			
CITY	STATE	ZIP CODE	SCHOOL PHONE

The student named above is applying for admission to St. Mark's Episcopal School. I authorize you to release the following information:

- Complete grade records, including current report card
- Standardized Test Scores
- Immunization Record (Form DH3040-CHP-07/2013)
- Current IEP/Psychoeducational Records (if applicable)

Please send the above authorized information to the following address:

St. Mark's Episcopal School
Enrollment Office
3395 Burns Road
Palm Beach Gardens, FL 33410

Signature of Parent/ Guardian: _____ Date: _____