



AUTHORIZATION FORM

I hereby give permission for _____ to release Academic, Health and Confidential records for my child/children. I understand that my signature on this form absolves and releases the above school from liability for any and all legal action involving its relinquishment of this personal information.

Prior school name and address: _____

Records should be emailed to: Eileen Phelps, Admissions Director
ephelps@StJohnSchoolLGV.org

Or mailed to: St. John the Evangelist School
Attn: Eileen Phelps
13311 Long Green Pike
Hydes, Maryland 21082

Date: _____ Name: _____
Parent/Guardian (Please print)

Parent/Guardian (Signature)

Name of student(s): _____

Please note: Confidential records must be sent. (Maryland Law)

Updated: 08.17.2020

*13311 Long Green Pike | Hydes, Maryland 21082
www.StJohnSchoolLGV.org | 410-592-9585*