



OUR LADY OF MERCY ACADEMY

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REQUEST FOR RECORDS

To:

SCHOOL

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME OF STUDENT

DATE OF REQUEST

DATE OF BIRTH

PRESENT GRADE

OUR LADY OF MERCY ACADEMY REQUESTS THAT YOU SEND THE OFFICIAL RECORD, INCLUDING PSYCHOLOGICAL EVALUATIONS, ACHIEVEMENT TEST RESULTS, HEALTH RECORDS AND ANY OTHER PERTINENT INFORMATION.



PRINCIPAL

PARENTAL AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

I HEREBY AUTHORIZE THE ABOVE SCHOOL TO FORWARD ALL INFORMATION FROM MY DAUGHTER'S PERMANENT RECORD, AS REQUESTED BY OUR LADY OF MERCY ACADEMY.

DATE

(SIGNATURE OF PARENT OR LEGAL GUARDIAN)