

Mount Royal Academy North

P.O. Box 94-Lancaster, NH-03584

Educating the whole person, one student at a time.

Release of Records Request

List student's current school information below.

MRA North is requesting a **copy** of educational records from:

Mailing Address:

City, State, Zip Code:

To Whom It May Concern,

The student(s) listed below have applied to Mount Royal Academy North. In order to assure his/her needs can be met, please forward a **copy** of student educational records from the last two years, including Health and Special Education records (if applicable). Any other pertinent information that would assist us in student placement is appreciated.

Copies of the records can be sent to: admissions@mountroualnorth.com

Sincerely,

Jill Colby

Head of School

Authorization to Release Records

Student(s) Name:

Date of Birth:

Grade:

I authorize a copy of education records, including Special Education and Health records for the above student(s) to be sent to Mount Royal Academy North.

Parent/Guardian Signature: _____ Date: _____