



Saint Saviour Catholic Academy

Release of Information Form

I/We _____

parent/guardian(s) of _____ in _____
(current grade)

authorize _____ located at
(Name of present/previous school)

_____ to complete enclosed School
(Address of present/previous school)

Recommendation Form and send a copy of the student's records, evaluations, and/or a summary of work to Saint Saviour Catholic Academy.

Please mail or fax to: Saint Saviour Catholic Academy
701 Eighth Avenue
Brooklyn, NY 11215-4203
Tel: 718-768-8000
Fax: 718-768-0373

Signature: _____ Date: _____

Print Name: _____

Relationship to Applicant: _____