

REQUEST FOR STUDENT'S RECORDS

To be given to the Student's current school, and a copy sent to Marymount International School Rome.
I hereby give permission for the release of all scholastic records and the result of any academic and scholastic testing pertaining to my child.

Student's Name _____ Applying for Grade _____

Date of Birth: _____ / _____ / _____
Day Month (in full) Year

I request that this information be sent to:

Marymount International School

Admissions Office

Via di Villa Lauchli, 180

00191 Rome ITALY

Tel.: 39 06 36291012 Fax: 39 06 36291099

e-mail: admissions@marymountrome.com

Signature of Parent or Guardian _____

Date: _____ / _____ / _____
Day Month Year

No action can be taken on any application until all school records have been received.