

St. Mary's Ryken

REQUEST FOR FINAL RECORDS

Student's Full Name: _____

Date of Birth: _____

My child has registered to attend St. Mary's Ryken High School. Please send cumulative records, including grades earned, the credit granted for each subject (if applicable), numeric/alphabetical grading scale, standardized test scores, immunization records, and any additional information (such as psychological testing or education service plans) that might be required to evaluate credits or that would be helpful in working with the student.

In accordance with the provision of the Family Rights and Privacy Act of 1974, I do hereby give consent to:

Current School Name: _____

Street Address: _____

City, State, Zip: _____

to release the cumulative records of the above-named student to:

St. Mary's Ryken High School
Office of the Registrar
22600 Camp Calvert Road
Leonardtown MD 20650

Email: kelly.tividor@smrhs.org
Phone: 301-373-4168
Fax: 301-373-4185

Signature of Parent/Legal Guardian: _____

Date: _____

