

REQUEST FOR STUDENT'S RECORDS

To be given to the school currently attending.

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: _____ Date of Birth: _____ / _____ / _____
day month year

I request that this information be sent to:

Marymount International School

Admission Office
Via di Villa Lauchli, 180
00191 Rome
ITALY
Tel.: 39 06 36291012
Fax: 39 06 36301738
e-mail: admissions@marymountrome.com

Signature of Parent or Guardian _____

Date _____

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