



MOTHER CATHERINE ACADEMY
38833 CHAPTICO ROAD
MECHANICSVILLE, MD 20659

Authorization and Permission to Release Medical, Educational and / or Special Education Records

Student Full Name: _____ DOB: _____ Grade: _____
(MM/DD/YY) (2016-17 school year)

Previous School: _____

School Address: _____

School City, State, Zip: _____

School Phone Number: _____ School Fax Number: _____

My child is currently receiving special education services in the following areas:

<input type="checkbox"/> Special Education Resource	<input type="checkbox"/> Special Education Self Contained	<input type="checkbox"/> Speech	<input type="checkbox"/> ELL	<input type="checkbox"/> Title I
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I authorize the release of my child's school records, including gifted, educational, medical, social or special education information to Mother Catherine Academy

Parent Signature: _____ Date: _____

ATTN: SCHOOL REGISTRAR

We are requesting the following records for this student (all that apply):

STANDARD RECORDS

- Transcript of grades
- Standardized test scores
- Health and Immunization records
- Disciplinary Records
- Attendance records

SPECIAL EDUCATION RECORDS

- Individualized Education Plan (IEP)
- Language Proficiency Testing/ Individual
- Individualized evaluation records

Send standard and special education records to:
MOTHER CATHERINE ACADEMY
38833 CHATICO ROAD
MECHANICSVILLE, MARYLAND 20659

SCHOOL OFFICE: 301-884-3165
FAX: 301-472-4469
mcasecretary15@gmail.com
mcacademyprincipal@gmail.com

(For MCA Office Use Only)

Student's ID#: _____

Date Requested: _____

Date Received from School: _____