



Our Lady of Mercy Academy

Educating young women with Faith, Compassion, and Promise

Parental Release of Student Records

So that we may reach out to the reporting school directly,
please return this signed form to OLMA.

Student Name: _____ Grade: _____ Date: _____

Reporting School: _____ Town: _____

Permission for Release of Records

Parent signature below grants permission for the release of health records, academic records, Regents exam scores, and any other standardized test scores for the student named above to Our Lady of Mercy Academy.

Parent/Guardian Signature: _____ Date: _____

Please send all records to:

Mrs. Barbara Piasio
Guidance and Wellness Department Administrative Assistant

Our Lady of Mercy Academy
815 Convent Road
Syosset, NY 11791
516.921.1047 x401

bpiasio@olma.org

Fax: 516.921.3634