

Saint Mary School  
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618-883-2511 fax  
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Rebecca Lorts  
Principal

Fr. Don Roberts  
Administrator

### Records Release

By signing below, I/We indicate that I/We have been informed of the following information: Prior to the release of student records, I have the right to review the records. I understand that I may receive a copy of these records at my own expense. In addition, I have the right to a hearing if I wish to challenge the contents of the records.

I hereby give my permission to the below named school to release my son/daughter's records, including but not limited to, Health, Scholastic, Testing and Psychological Evaluation records if any on file. These records should be mailed or faxed to the address or fax number above.

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Dates/Years Attended: \_\_\_\_\_

School Attended: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

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Signature of Parent/Guardian

Date