



**MARYEL  
SCHOOL**

28 East 35th Street, New York, NY, 10016  
Mail@maryel.org  
212-213-2097

## **PERMISSION TO RELEASE RECORDS**

Dear Parents,

Maryel School of New York requires school records for each candidate as a necessary part of the admissions process.

Please forward a copy of this to your child's current school to request a release of student records.

Applicant Name: \_\_\_\_\_

Current Grade level: \_\_\_\_\_

School: \_\_\_\_\_

I hereby authorize you to release a copy of the requested school report and any other requested information to Maryel School of New York.

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Signature of Parent or Guardian

### **To the School:**

Please send us a report for the above named applicant. It will be used only in the admission process, and all the information will be treated confidentially. Reports may be emailed to [admissions@maryel.org](mailto:admissions@maryel.org) or sent to:

Maryel School of New York,  
Office of Admissions  
28 East 35th street,  
New York, NY, 10016