



*St. Agnes Cathedral School
National School of Excellence
70 Clinton Avenue
Rockville Centre, New York 11570
(516) 678-5550
Fax (516) 678-0437*

*Mrs. Cecilia St. John
Principal*

*Mrs. Mary Brower
Assistant Principal*

DATE: _____

TO: _____

I hereby authorize you to release a copy of all pertinent records including, but not limited to, academic, health, psychological and standardized tests by Friday, February 20, 2026 for the following child:

NAME: _____

GRADE: _____

Please forward to:

Mrs. Cecilia St. John
St. Agnes Cathedral School
70 Clinton Avenue
Rockville Centre, NY 11570

Witness: _____

Parent/Guardian Signature

Date