



# MARIST MATH PROGRAM

## Authorization Form

I, \_\_\_\_\_ do hereby give permission to Marist High School to release  
(Parent Name)

information to my child's grammar school regarding their academic progress in the Marist

Math Program.

\_\_\_\_\_  
*Name of Student*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**This authorization form should be completed  
and returned to Marist High School.**