

Request and Authorization to Release School Records

To: _____

_____, born on _____
(Student's full name)

has applied for admission to the _____

School. The address is

Last school attended: _____

Grade: _____ Date: _____

Please forward his/her complete academic and health records to: *(if different from above)*

Requested by: _____

Authorization signature: _____
(Parent or Legal Guardian)

Date: _____

Comments: