



Authorization of Release of Student Information

Student's Name: _____

I hereby authorize the release of copies of the school records of _____,
Student Name

including grades, health records, and any other developmental information to:

Future School, Town

I also authorize the president, principal, or pastor of _____
Current School

to contact the president, principal, or pastor of any other school, religious, private, or public, that

_____ has attended, and discuss with such individual the application of
Student Name

_____, along with any other matters relating to _____'s
Student Name

enrollment at _____ that may be relevant to his/her
Current School

application to and attendance at _____.
Future School

I understand that information concerning tuition payment history may be provided.

I release all persons, companies, and corporations supplying such information from and against any and all liability which might result from furnishing or receiving such information.

Parent/Legal Guardian

Date

Policy 5.102 and 5.405

Admission Requirements and Transfer Students

05.2012