



Authorization to Release Records

Parent/Guardian: A separate form must be filled out for each of your children.

I, _____, the parent(s)/guardian(s) of

(Student's Name),
authorize _____
(Current School Name) to release

my child's records to the following school:

(Receiving School Name)

(Receiving School Address)

I understand that once the records are released, I am responsible for any changes thereafter.

Parent/Guardian Signature: _____

Date: _____

PLEASE BE ADVISED NO RECORDS WILL BE SENT TO THE RECEIVING SCHOOL
UNTIL ALL TUITION AND FEES ARE PAID IN FULL.