

Authorization to Release School Records

School Name			
Street Address	City	State	Zip
Phone			
	se of any and all school records, ny for the following students:	, both cumulative and	d
Name	Date of Birth	Grade	
Name	Date of Birth	Grade	
You are specifically authorize Report Cards Attendance records Test results (standardiz Health and immunizatic Psychological assessme	ed ability and achievement tests) on records		

Signature of Parent/Guardian

Date

NOTE: The school official is requested to mail transcripts and records to Sullins Academy Office of Admissions.