



CONSENT FOR RELEASE/EXCHANGE OF INFORMATION

Re: Student Records

Date: _____

Last School _____

Street Address _____

City/State/Zip _____

Phone _____

Dear Registrar,

The student listed below formerly attended your school. Please send the complete school records, including test scores, grade placement information, health records, and any other necessary documents.

Student Name: _____

Grade: _____

D.O.B. _____

Signature of Guardian

Relationship to Child

Date

Sincerely,

Joe Skillman

Principal

School Use Only

Received by _____ Date _____

Completed by _____ Date _____