



Records Release Authorization

Child's Name _____ Grade _____
 First Middle Last

Child's Current School _____

School Address _____ Phone _____

 City State Zip

The student mentioned above, enrolled in your school, has applied to transfer to our school. Please send us his/her transcripts, health records, birth certificate, report cards and any achievement/aptitude test results.

 Administrator Date

I hereby authorize release of all records to Charlottesville Day School.

Signature _____ Date _____
 Parent/Guardian

Parent(s)/Guardian(s) Name(s) _____

Address _____

 City State Zip Phone _____