

REQUEST FOR RELEASE OF RECORDS

Please complete this form and return it with your completed application.

I authorize _____

pre-school/school at

Address:

Phone: _____

to release information and/or cumulative records (past academic achievements, test scores, achievement test scores) from the school file of:

Child's Name: _____

Address: _____

Applying to Grade: _____

Signature of Parent/Guardian

Date

To the School:

Please send information to:

Admissions Office
St. Thomas's Day School
830 Whitney Avenue
New Haven, CT 06511
admissions@stthomasday.org