

RECORD RELEASE FORM

Please complete this form and return it to The De La Salle School. The De La Salle School will send it to the appropriate office to request the information indicated.

Student's Name: _____

Present School: _____

To Whom It May Concern:

I am the parent or legal guardian of the student named above. He has applied for admission to The De La Salle School. I hereby authorize his present school to forward to The De La Salle School at the address above the following data: grades, standardized test scores, New York State test scores, IEPs, absence and tardy records, disciplinary action, medical records, and any other pertinent information. Thank you.

Signature of Parent or Guardian: _____

Date: _____