



RELEASE OF RECORDS AUTHORIZATION FORM

Parent or Guardian:

Please complete this form, sign where indicated, and return to Country Day School to request your student’s records from a previous school/institution.

Name of Student _____ Grade applying for _____
 As parent/guardian of the named student, I do hereby give permission for the release of my child’s educational records to Country Day School.

 Signature or Parent of Guardian Date

School or Institution we are requesting records from:

Name of school or institution		Phone	
Street Address	City	State	Zip
Name of child’s most recent teacher		email address	
<p>Specific information to be released should include the following:</p> <ul style="list-style-type: none"> • Most current report card or progress report • Report cards and Standardized testing results for the previous year • Teacher evaluation (This is emailed directly to the student’s teacher for completion) • Other: _____ <p>Your timely return of the requested information is appreciated.</p> <ul style="list-style-type: none"> • Scan and email (preferred) to: countryday@countrydaylargo.com • Fax: 727-596-5479 • Mail: Country Day School, 11499 131st Street N, Largo, FL 33774 			