



The Grammar School

Copy of School Records Request

Name of candidate _____

TO THE PARENT/GUARDIAN

After you have filled in the information below and signed the authorization, **give this form to your child's principal/guidance counselor** together with the stamped envelope addressed to The Grammar School's Admissions Office. Thank you.

Current School _____

Address _____

Telephone _____

Email _____

I give permission for release of a copy of the above candidate's record. This should entail all records, including testing scores, and any other information concerning my child. It is understood that the privileged and confidential nature of such records will be preserved. Thank you for your assistance.

Signature of parent
or guardian _____

Date _____