



Records Release Authorization

Applicant: Please complete this records release authorization and give it to the registrar at your current school.

To Whom It May Concern:

Please mail a copy of my school records, including all courses, grades, standardized testing, and education plans, to the Admissions Office of the Sparhawk School, 4 Noel Street Amesbury, MA. 01913. These records should cover the current school year and the previous two years, whenever possible.

Student _____ (print clearly)

Date of birth _____ Currently in Grade _____

Authorization: I give my permission to release these academic records.

Parent/Guardian: _____ (print clearly)

Signature: _____ Date _____