



STUDENT RECORD RELEASE FORM

This letter is to serve as formal request for my child's records to be transferred to The Samuel School (address below) as soon as possible. Thank you for your assistance in the matter.

NAME OF STUDENT: _____ DATE OF BIRTH: _____
Month Day Year

HOME ADDRESS: _____
Street Address City State Zip Code

HOME PHONE: _____ SSN: _____
Area Code Telephone

SCHOOL NOW ATTENDING: _____
Name of School Grade Years Attended

Street Address City State Zip Code

Principal or Head of School Area Code Telephone

INFORMATION TO BE RELEASED:

- Scholastic Records
- Health Records
- Standardized Test Results
- Citizenship Record/Achievement

AUTHORIZATION STATEMENT AND SIGNATURE

I authorize _____ to release the above information to The Samuel School.
School

Date

Signature of Parent or Guardian

Please mail this information to: The Samuel School Admissions Office
411 S. 40th Street
Harrisburg, PA 17111