



Please deliver this form to the Office of External Relations

Record Release

TO WHOM IT MAY CONCERN: I grant permission to forward my child's **permanent** records, including medical, educational, and any additional testing records to The Country School.

Name of Student _____

Name of Present School _____

Present School Address _____

Grade Just Completed _____

Signature of Parent or Guardian _____

Home Address _____

Date _____

To: School Registrar

The above-named student is enrolled at The Country School. Please submit complete academic information for him/her. Include standardized test results, any educational testing, and whenever appropriate the names of courses taken and grades received over the last two years.

Transcript information should be mailed to:
Director of External Relations
The Country School
341 Opening Hill Road
Madison, CT 06443

Thank you for your assistance.