

Authorization to Release Student Information

Parents: Please complete this form authorizing your child's school to release information regarding his or her school performance. Please send it directly to your child's present school.

Student Name _____ Current Grade _____

School Name _____

School Address _____

School Phone _____ School Fax _____

Contact Person _____ Title _____

Please release all records (including copies of transcript of grades, test scores and any other pertinent information) concerning this student to:

**Friends School of Charlotte
7001 Wallace Road, Suite 400
Charlotte, N.C. 28212**

I, _____, the parent/guardian
Name of parent or guardian

of _____, do hereby request and
Name of student

authorize the release to Friends School of Charlotte of any and all information pertaining to this student's performance.

Signature Date

We appreciate your cooperation as we determine how to best meet the needs of students applying to FSC.

