

Release of Records Form

I hereby give permission for the release of all school records and transcripts from the _____ School for my child, _____, to:

All Saints Episcopal Day School
707 Washington Street
Hoboken, NJ 07030
Attn: Debbie Jacobus, Director of Admissions

Student's full name: _____

Student's date of birth: _____ Grade: _____

Parent Name (please print): _____

Parent Signature

Date

To the School: Please submit the following records for the current and prior two years (if applicable.)

- Official transcript including current year report cards/progress reports
- Standardized test scores
- Medical Records
- Any other pertinent information in the student's file