

BANCROFT

S C H O O L

Release of Student Records/Transcripts

I hereby authorize _____ including test scores to release all school records,

(Name, transcript and any other pertinent information concerning my child,

Child's Name in Full

To:

Name of School

Address

It is understood that the privileged and confidential nature of such records will be preserved.

Signature of Parent/Guardian

Date

I hereby certify that the above-mentioned family has no outstanding financial or other obligations to Bancroft School and I therefore authorize the release of all of the appropriate school records for

Student's Name in Full _____

Signed _____ Date _____
Name of School Official