

THE Calhoun SCHOOL

PLEASE SUBMIT THIS FORM TO YOUR CHILD'S CURRENT SCHOOL

To Parents:

Please complete and sign this Records Release form and send it to your child's current school. This will authorize the current school to forward a copy of your child's transcript, a current year report card and two Teacher Recommendation to the Admissions Office of The Calhoun School, 433 West End Avenue, New York, NY 10024.

TO THE HEAD OF SCHOOL OR PRINCIPAL

Name of School

Address of School

City

State

Zip

I hereby authorize you to send an official school transcript, a current year report card and two completed Teacher Recommendations for my child _____ to The Calhoun School.

I understand that the Teacher Recommendations are confidential between the sending school and The Calhoun School.

Thank you.

Parent's/Guardian's Signature

Date