

The Brook Hill School Middle/Upper School
PERMISSION TO RELEASE SCHOOL RECORDS

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, we have included the signed student Record Release Authorization form.

TO BE FILLED IN BY PARENT:

Permission is requested to release records of _____

(Student birth date _____) who is or has been enrolled in your school.

Name of school: _____

Address: _____

Fax: _____ Phone: _____

BROOK HILL SCHOOL REQUESTS THE FOLLOWING INFORMATION:

_____ Official Transcript (8-12) _____ Report Card (6-12)

_____ Official Administrative Record (name, address, birth date, grade level completed, present grade, placement, class standing, attendance, etc.)

_____ Standardized Test Scores

_____ Principal/Counselor and Teacher Recommendations (forms included)

_____ Record of Discipline and/or Behavior Report

_____ Health Records (Immunization Records and Birth Certificate)

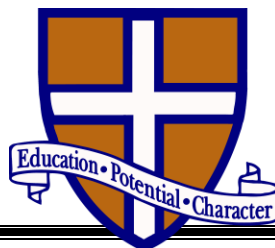
TO BE COMPLETED BY PARENT OR GUARDIAN:

I, the undersigned, grant permission for The Brook Hill School to receive the requested information.

Signature of parent or guardian

Date of signature

*Address: The Brook Hill School
1051 N Houston St
Bullard, Texas 75757 USA*



*Phone: (903) 894-5000
Fax: (903) 894-6332
Country Code: (011)*