

Release of School Records

Please complete this form and submit it to your child's current school to authorize the release of records.

I, _____, am the parent or guardian of the below named student(s). I hereby authorize the
Parent/Guardian Name (Please Print)

release of all academic records including official transcripts, testing results, discipline, health, Special Education and any other information regarding my child to Schechter Boston. I further give permission to Schechter Boston to speak to my child's former teachers, principal, guidance counselor and other school staff as needed, and visit and/or observe in my child's current classroom.

Signature of Parent or Guardian _____ Date _____

Child's Name: _____

Present School: _____

Address: _____

Contact Person (teacher or administrator): _____

Contact Telephone: _____

Contact Email: _____

Dear School Administrator,

Thank you for sending records for the above student to us. Please include student assessments, evaluations and reports.

If you have additional information to share, please include it or contact us at 617-630-4625.

All records should be sent to:
Admissions Office
Schechter Boston
60 Stein Circle
Newton, MA 02459

Please note our application deadline is February 1.