



**AUTHORIZATION FOR THE RELEASE OF RECORDS
FROM KINDERGARTEN TO EIGHTH GRADE**

Current School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

On behalf of my child, _____, who is presently enrolled at your school, I have applied to the Whitby School beginning with the term starting _____, 20____. I hereby consent to the release of your school records pertaining to the above mentioned students. For the purpose of this consent, **school records** include, but are not limited to, academic, disciplinary, and special education, as well as, school medical records, including psychiatric and/or psychological reports. I further authorize representatives from the Whitby School to speak directly to your staff about such records.

Signature of Parent or Guardian

Date

Please forward this information to:

Admissions Office
Whitby School
969 Lake Avenue
Greenwich, CT 06831

Phone: 203.869.8464 ext. 151
Fax: 203.869.2215