



## GILMAN

### RECORD RELEASE FORM GRADES TWO THROUGH FIVE

*Parent: Please sign this release form and give it to your son's present teacher or head of school.*

I give permission for a copy of the following forms for my child, \_\_\_\_\_,  
to be sent to the Lower School Admissions Office at Gilman School.

- Common Referral Form
- Transcript
- Standardized Test Scores
- Current Report Card

The Common Referral Form should be completed in December or January and all forms should be mailed by January 15.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Date

*Forms should be mailed to:*

GILMAN SCHOOL  
LOWER SCHOOL ADMISSIONS  
5407 Roland Avenue  
Baltimore, Maryland 21210

Phone: 410.323.7284

Fax: 410.864.2823