



**NOTE TO PARENTS: THIS FORM IS TO BE KEPT BY YOUR SON'S CURRENT SCHOOL.**

**DO NOT RETURN THIS FORM TO FAIRFIELD PREP.**

**PARENT'S CONSENT FOR RELEASE OF SCHOOL RECORDS**

To Parents:

The 1974 Family Education Privacy Act requires that you give written consent to your son's present school before any of his final records can be released to Fairfield Prep. Please complete the following steps:

- Write your son's name and his current school's name in the appropriate space below;
- Sign and date the bottom of this form;
- Bring this form to your son's current school.

Thank you for your assistance in this very important matter.

STUDENT'S NAME: \_\_\_\_\_

STUDENT'S CURRENT SCHOOL: \_\_\_\_\_

DEAR PRINCIPAL:

I hereby give permission for the release of my above-named son's school records to Fairfield College Preparatory School **at the end of the current school year**. Please include the following items in the packet to be sent to Fairfield Prep:

1. FINAL TRANSCRIPT and any records of standardized achievement, intelligence and aptitude testing.
2. HEALTH RECORDS: Immunization record; physical examination reports; speech, hearing and vision test reports; health problems and/or medications. Please send the **ORIGINAL RECORDS**. You may keep photocopies for your records if you choose.
3. Any other information that you, as Principal, feel would be helpful to Fairfield Prep.

I request that these **ORIGINAL RECORDS** be sent to:

Dean of Enrollment and Marketing  
 Fairfield College Preparatory School  
 1073 North Benson Road  
 Fairfield CT 06824

Parent's or Legal Guardian's Signature

Date