

PARK TUDOR

7200 North College Avenue, Indianapolis, IN 46240 • 317/415-2700 • parktudor.org

In order for Park Tudor School to process any college application, or send a transcript or records for any reason, the following statement must be signed and on file in the College Counseling Office.

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

As part of the college application process, I authorize the release of a copy of my official transcript containing courses taken, grades earned and, any other educational records required or requested by the educational institutions to which I apply including scholarships, NCAA Clearinghouse, coaches and other educational representatives. I authorize the College Counseling Office, as well as the teachers and administrators of Park Tudor School, to submit descriptive statements and/or letters of recommendation for my applications when requested. I understand that these statements are confidential, and hereby waive any rights to review their contents. I recognize that it is the school's responsibility to notify any educational institution to which I have applied or have been accepted as to any change in my status at Park Tudor School, and hereby authorize such notification.

(Student- Print Name)

(Date)

(Student Signature)

(Date)

(Parent Signature-only needed if student is under 18)

THIS SIGNED FORM MUST BE RETURNED TO THE COLLEGE COUNSELING OFFICE BEFORE ANY APPLICATIONS OR SCHOLARSHIP INFORMATION CAN BE PROCESSED.