

Record Release Form

TO BE SIGNED BY THE PARENT/GUARDIAN AND GIVEN TO HEADMASTER, PRINCIPAL, OR GUIDANCE COUNSELOR OF THE APPLICANT'S PRESENT SCHOOL.

Applicant Applicant Name _____

is a candidate for admission to Cardigan Mountain School's: Academic Year for grade: 6 7 8 9

and/or Summer Session for grade: 3 4 5 6 7 8 9

I hereby authorize and request _____ to please forward the following directly
CURRENT SCHOOL

to Cardigan Mountain School:

- (1) Complete transcript of grades, including the most recent marking period.
- (2) Results of standardized testing.
- (3) Results of any individual testing.

Parent/Guardian Name of parent/guardian _____

Signature of parent/guardian _____

Date submitted to the School _____



Cardigan Mountain School
62 Alumni Drive
Canaan, NH 03741
603.523.3548
www.cardigan.org