

REQUEST FOR RELEASE OF FINAL SCHOOL RECORDS



Princeton Day School
PO Box 75
Princeton, NJ 08542

**Parents: please fill out and sign the top part of this form,
then give the form to your student's current school**

Name of Student: _____ Admitted for Grade _____

Current School _____ Current Grade _____

For the parent:

I hereby authorize the release of my student's records as requested by Princeton Day School. I understand that this information will be considered confidential and will be used by proper authorities of Princeton Day School only.

Signature of Parent: _____ Date: _____

For Current School Official:

Dear Colleague,

The student named above will be withdrawing from your school and enrolling at Princeton Day School for the next school year. In order to complete their file, please release the following records **once the current school year is complete**:

- Final** transcript or report cards
- Results of standardized achievements and/or aptitude tests
- Health Records (A-45 for NJ Residents)

Please send the student's records to:

Email (*preferred method*)

Kevin Graham
kgraham@pds.org

Paper Mail (*if email is not possible*)

Kevin Graham, Registrar
Princeton Day School
PO Box 75
Princeton, NJ 08542

Name of Official sending the records: _____ Date _____

Thank you for taking the time to help us with this student.
Kevin Graham, Registrar, Princeton Day School