



**The Chapin School**  
**100 East End Avenue**  
**New York, NY 10028**  
**212-744-2335      212-628-2126**

**PERMISSION TO RELEASE RECORDS FORM**

Name of Candidate: \_\_\_\_\_

Applying to Class: \_\_\_\_\_

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_

I give my permission to release a copy of my daughter's school records.

\_\_\_\_\_  
Signature of Parent of Guardian

To The School:

The above named applicant has applied for admission to The Chapin School. To help us arrive at a decision, we would appreciate receiving the following information before January 7<sup>th</sup>:

1. Records for the current school year
2. Cumulative transcript
3. Standardized test scores

All information will be treated confidentially. Thank you very much for your assistance.

Sincerely,

Dianne Williams  
Director of Lower School Admissions