



**Greenwich Academy  
Admission Office**

**admission@greenwichacademy.org**

200 North Maple Avenue  
Greenwich, CT 06830

**PARENT/GUARDIAN CONSENT FORM FOR THE RELEASE OF  
SCHOOL RECORDS**

Parents/Guardians: *Please complete and give this form to the Head of School or Principal at your daughter's current school after November 15.* It is requested that the school your daughter attends send report cards, teacher comments and standardized testing results to Greenwich Academy for the current academic year and for the full previous year.

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Address of Current School \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town State Zip

\_\_\_\_\_  
Current School Phone Number

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize the release of academic records for the child named above including: grades, teachers' comments and standardized testing for the current academic year and for the full previous academic year. The requested information should be sent after the first term's report cards have been completed. **Email delivery is preferred.** Thank you.