



## Parent/Guardian Authorization to Release Current School Records

### Note to Parents and Guardians

This form gives your student's current school permission to send us the necessary school records.  
(**Please do not return it to Thayer**; we don't need it, but your student's current school does).

Please complete this form with your student's name and grade, then sign the authorization below and **give it to your student's current school**.

Student's Name\_\_\_\_\_ Current Grade\_\_\_\_\_ Grade Applying\_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974, I hereby authorize the release of all records including grades; health records; and medical, psychological, social, educational, or developmental information regarding the student named above.

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

\_\_\_\_\_  
Date

### Instructions to the school where the student is currently enrolled

At the completion of the current academic year, please send the above requested records to:

c/o Middle School Registrar Teresa Tenney *(for students entering grades 5-8 in the fall)*

c/o Upper School Registrar Selene Carlo-Eymer *(for students entering grades 9-12 in the fall)*

Thayer Academy, 745 Washington Street, Braintree, MA 02184.

