



BOULDER COUNTRY DAY SCHOOL

SCHOOL RECORDS RELEASE FORM

INSTRUCTIONS: Parents/Guardians, please give this form to your child's school to have them send his/her school records directly to Boulder Country Day. Thank you.

I, _____, hereby request the release of all educational, social, developmental, medical and/or psychological information of the below mentioned student to Boulder Country Day School. This includes two or more years of report cards or narrative assessment, any standardized testing completed at the school in the past two years, and any disciplinary documentation if applicable.

PRINT PARENT/GUARDIAN NAME

STUDENT INFORMATION

FIRST	MIDDLE	LAST	NAME USED
_____	_____	_____	_____

NAME OF CURRENT SCHOOL _____ DATE OF BIRTH ____/____/____

PARENT/GUARDIAN CONTACT INFORMATION

NAME _____

CELL PHONE _____

EMAIL _____

PLEASE SEND RECORDS, INCLUDING TESTING, TO:

Office of Admission
BOULDER COUNTRY DAY SCHOOL
4820 Nautilus Court North
Boulder, CO 80301
303-527-4931 info@bouldercountryday.org