



Request for School Record

Parent/Guardian: Please complete and **submit this form directly to the student's current school.**

Name of Student _____
(Please print)

I/We _____ hereby authorize
(Name of Parent or Guardian)

_____ to release to
(Current School)

Bullis School, the above-named student's school records, including all of the following:

- Current school year grades
- Last year's grades
- All testing results
- All attendance records
- All discipline records

Signature of Parent or Guardian

Date

School Official, please email to: applicationforms@bullis.org