Roland Park Country School

AUTHORIZATION FORM FOR THE RELEASE OF SCHOOL RECORDS

Full Name (Please Print): _____ **Date of Birth:** ____/____/____

If your name has changed, please provide the name used while attending RPCS.

Email Address (Please Print): _____ **Phone:** _____

Year Graduated: _____

Year Withdrawn: _____

Grade Enrolled at RPCS: _____

Last Grade Attended: _____

School records to include (check all that apply):

- ☐ Official Transcript
- ☐ Report Cards
- ☐ Health Records
- ☐ Educational Testing
- ☐ Other (please specify): _____

School records requested for (check all that apply):

- ☐ College/University
- ☐ Scholarship
- ☐ Employment
- ☐ Military
- ☐ Other (please specify): _____

THESE RECORDS MAY BE FORWARDED TO (PLEASE PRINT):

Name/Organization: _____

Email Address: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

I authorize the Registrar's Office to release electronic or paper copies of my Roland Park Country School records to the requested recipient.

Signature of Student/Alumna or Legal Parent/Guardian: _____ **Date:** ____/____/____

Please allow 5 business days for processing. Email the completed request form to the Registrar's Office at HewlingsE@rpcs.org and FeiringK@rpcs.org.