



Request for School Records Release Students Entering Grades 6-12

PARENT/GUARDIAN

Please complete and submit this form directly to the student's current school.

STUDENT INFORMATION

Student's Name: _____ Entering Grade: _____

AUTHORIZATION

I/We, _____, hereby authorize _____
(Name of Parent/Guardian) (Current School)

to release the records of _____ to:
(Name of Student)

Office of Admission
Bullis School
10601 Falls Road
Potomac, Maryland 20854

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

(Signature of Parent/Guardian)

(Date)

SCHOOL OFFICIAL

Please email complete records to applicationforms@bullis.org