



CONSENT FOR RELEASE OF RECORDS

I hereby authorize _____
(Name of school your child last attended)

(Complete address of school & telephone number)

to release information concerning _____
(Full legal name of student)

My child was in grade _____ and will be entering grade _____
(Recent grade level) (Next year's grade level)

Please specify type of records requested:

_____ School and health records _____ Transcript of grades
_____ Testing _____ Confidential files
_____ Other, please specify _____

Records to be released to:

Arlington Baptist School
3030 N. Rolling Road
Baltimore, Maryland 21244-2095
Phone – 410-655-9300
Fax – 410-496-3901

I fully understand that Arlington Baptist School will use the obtained materials for legitimate purposes only.

Date

Signature of Parent or Legal Guardian