

**Main Street School**

**118 Main St.**

**Tazewell, VA 24651**

**276-988-2519 (P) 276-988-9889 (F)**

 **Parent Authorization for Release of School Records**

Parent or Guardian: Please fill in the information below, sign and date this form, and submit it directly to the registrar or director of your child’s present school. Please understand that school records play an essential step in the admissions process. The Main Street School Admissions Committee cannot reach a decision without this information.

STUDENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTH DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE LEVEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESENT SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the release of my child’s school records to Main Street School. I am requesting current transcripts (including all health examinations and test scores), as well as the final transcript of complete record for Thank you for your cooperation in sending current transcripts at your earliest convenience to Main Street School.

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SIGNATURE OF PARENT OR GUARDIAN DATE