LAKE FOREST COUNTRY DAY SCHOOL

# AUTHORIZATION FOR RELEASE OF RECORDS

This letter authorizes _____
*(applicant's current school)*

to release copies of all records for my child _____
*(applicant's name)*

to Lake Forest Country Day School for the purpose of Admissions Evaluation.

Thank you.

_____ _____
*(applicant's birth date)* *(present grade)*

_____ _____
*(signature of parent or guardian)* *(date)*

**TO THE PARENT:**

Please print the complete name and address of your child's current principal or other school official to whom this form should be sent:

School Principal: _____

School Name: _____

School Address: _____

_____

_____

School Phone Number: _____

Principal Email: _____