



Saint Albans School

An Independent School in the Anglican Tradition

AUTHORISATION TO RELEASE STUDENT RECORDS

I/WE authorize Saint Albans School to discuss or release the following information relating to my child to the person(s) identified below:

Name of Student(s) _____

Records Requested:

- Academic Records (transcript, grades, GPA)
- Academic, family or personal reference
- Student Account and Billing Records
- Financial Aid Records (grants, loans, scholarships)
- Student Affairs Records (conduct/disciplinary)
- Other (specify) _____

By our signatures, I/WE acknowledge this consent and authorization to be valid. I/WE hereby waive any right to review or obtain a copy of any reference that may be provided. I/WE agree to hold Saint Albans School, its officers, teachers or staff harmless from any inadvertence in the sending or receipt of the records. We also specifically waive any cause of action at law or in equity arising from this request or the release of these records and/or references.

I/WE understand that this consent remains in effect until written revocation is received by the school. I/WE also understand that such revocation does not affect disclosures previously made.

Parent's Signature

Date

Parent's Signature

Date

This release must be signed by both parents. Only original copies of this release are accepted. Please complete the recipient information on the reverse and initial at the bottom of the page.

Persons authorized to receive these records:

Name: _____
Email: _____
Address: _____
Telephone: _____
For the Purpose of: _____

Name: _____
Email: _____
Address: _____
Telephone: _____
For the Purpose of: _____

Name: _____
Email: _____
Address: _____
Telephone: _____
For the Purpose of: _____

Name: _____
Email: _____
Address: _____
Telephone: _____
For the Purpose of: _____

Name: _____
Email: _____
Address: _____
Telephone: _____
For the Purpose of: _____

Parent Initials

Parent Initials

Date received: _____

Date records sent: _____