



Request for Records

To the **Parent/Guardian**:

Please complete the information below, sign the release statement, and give this form to your child's current or most recent school/program.

Student's Name _____

Current or Most Recent School/Program _____

Application for Admission to or Newly Enrolled in Grade _____ for year 20 ____ - _____

I authorize the release of the following records to The School in Rose Valley:

- a copy of all Academic Records
- Standardized Achievement, Intelligence and Aptitude Test Scores
- Official Administrative Record (name, address, birth date, grade level completed)
- Medical Records (including dental, physical and immunization forms)

I understand that this information will be kept confidential by The School in Rose Valley.

Please send the requested records to:

**The School in Rose Valley
20 School Lane
Rose Valley, PA 19063
Attn: Director of Admission**

Thank you for your assistance.

Signature of Parent/Guardian

Date
