RECORDS RELEASE

Parent / Guardian Instructions: Please enter the student's name, sign and date this form and forward it to the student's current school. The current school should then send the student's records directly to Doane Stuart.

Records requested for (name of student):_____

I hereby authorize the release of any and all records of this student to the Doane Stuart School. I authorize the release of supplemental information, over the phone or in writing, to any member of the Doane Stuart Admission Committee.

Parent/Guardian Signature _____ Date _____

Address _____

City *State* *Zip Code*

School Instructions:

These records are required before Doane Stuart can consider a student for admission.

Records should include (if applicable):

- Academic Records
- School Reports and Evaluations
- Standardized Test Scores
- Attendance and Discipline Records
- Individualized Education Plan or a 504 Plan
- Health Records

Please mail or fax all records for the above named student to:

THE DOANE STUART SCHOOL
ADMISSION OFFICE
199 WASHINGTON AVENUE
RENSSELAER, N Y 12144
FAX: (518) 465-5230