



Authorization for Release of Student Records

1. Please fill in your child's name and the name of your child's current school.
2. Bring this form to the registrar or school administrator at your child's current school.
3. Your child's current school will then forward the necessary records to Echo Horizon School. Please make sure to follow up with the current school so that all requested information is received by Echo Horizon School by January 15 .

Current School: _____

Address: _____

Telephone Number: _____

Contact Person: _____

The following student has applied for admission to Echo Horizon School:

Last Name	First Name	Birthdate	Current Grade

Please send copies of all progress and report cards, evaluations and standardized test scores for this student from the past two years.

Authorization is hereby given to release copies of the above named student's records to Echo Horizon School.

Signature of Parent or Guardian

Date