

## **RELEASE OF SCHOOL RECORDS**

## TO BE GIVEN TO THE APPLICANT'S CURRENT SCHOOL

## To Applicant: Please have a parent or legal guardian complete and sign this release form. Then give the form to your current headmaster or principal

First Name

Middle Name

Last Name

Preferred Name

Present Grade

School Currently Attending

I hereby authorize the release of all educational records pertaining to the student named above to Lawrence Academy.

Signature of Parent or Guardian

To Registrar or Counselor:

Please forward the student's transcript and test scores, and your school's grading scale to:

Director of Admissions Lawrence Academy Post Office Box 70 Merry Hill, NC 27957 Phone: (252) 482-4748 Fax (252) 482-2215

Thank you for your prompt attention to this request.

Date