



AUTHORIZATION RELEASE FORM

Parent/Guardian: Please complete and sign this form and forward it to your child's current school.

Please send the following information:

- Standardized test scores from the last two years.
- Report cards from this year and last year.

For (Student's Name): _____
Last First Middle

Student's Date of Birth: _____
Month/Day/Year Current Grade

Name of Current School: _____

Address City State/Zip

Parent Authorization for Release of School Records:

I hereby authorize the administration of my student's current school to release to Chaminade College Preparatory's middle school copies of current and prior year school records, standardized testing results, and any other developmental information regarding the above-named student.

Signature of Parent/Legal Guardian

Student's Name: _____
Last First Middle

Please forward copies of student records to:

Mrs. Barbara Willick
Director of Admissions
Chaminade College Preparatory
19800 Devonshire Street
Chatsworth, CA 91311
818.363.8127
bwillick@chaminade.org