

AUTHORIZATION TO RELEASE PUPIL RECORDS

I/we hereby authorize the release of records for______ to be sent to The John Carroll School. This student is enrolled at John Carroll for the 2021-2022 school year. Please send all records applicable to the student, including:

- ï School and Health
- ï Special Education
- ï Confidential
- ï Psychological
- ï Discipline
- ï Test Scores (Such as MS, HSA & PARCC)
- ï Community Service Hours
- ï Copy of IEP or 504 plan(s)

Records should be sent to the following address, Attention Admissions Office:

John Carroll School 703 East Churchville Road Bel Air, MD 21014

Parent Authorization:

Parent/Guardian

Date

School Authorization:

School Official

Date