



**CHRIST  
EPISCOPAL  
SCHOOL**

22 West Jefferson Street  
Rockville, MD 20850  
301-424-6550

## Authorization to Release Records

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

I give permission for:

\_\_\_\_\_  
Name of Current School

To release my child's school records to Christ Episcopal School.

\_\_\_\_\_  
Parent's Signature

Dear Registrar:

The above named student has applied to Christ Episcopal School.

Please send a copy of all official school records, including report cards, standardized achievement and/or aptitude tests, records of attendance, health records, records of any disciplinary actions, and all other pertinent information for admission review and academic placement.

*Please send these records to:*

Director of Admission  
Christ Episcopal School  
22 West Jefferson Street  
Rockville, MD 20850  
301-424-8702