



Christ Episcopal School

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
jgerber@cesrockville.org

or

Christ Episcopal School
109 S. Washington Street
Rockville, MD 20850