Christ Episcopal School

Authorization to Release Records

Name of Student: _____

Grade: _____ **Date of Birth:** _____

I give permission for _____ **to release**
Name of Current School
my child's school records to Christ Episcopal School.

Parent Name: _____

Parent 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
- All other pertinent information for admission review and academic placement

Please send these records to:
Janet Gerber, Director of Admission
jgerber@cesrockville.org

or

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