

Permission for **Release of Records** and/or Information from **Records**

As part of the admission process, Grandview Preparatory School asks for student records. Please complete, sign and return this form to the Office of Admission in order to release records from previous schools.

Applicant Name: _____ Date of Birth: _____

Grade Entering: _____

Records to be Released:

- Attendance Information
- Additional Information as may be required
- Discipline Reports
- Educational Evaluation
- Health Records
- Scholastic Records
- Special Needs
- Standardized Test Scores



The record(s) indicated above is/are to be released to:

Grandview Preparatory School
Office of Admission
336 Spanish River Boulevard, N.W.
Boca Raton, Florida 33431
Phone: 561-416-9737 | Fax: 561-416-9739

Name of school(s) releasing record(s)

School: _____

School: _____

Address: _____

Address: _____

City, State, & Zip: _____

City, State, & Zip: _____

By signing below, I hereby grant permission for the release of above record(s):

Parent/Guardian Signature

Date

Parent/Guardian Print Name

Date