

PARENTS REQUEST FOR RELEASE OF RECORDS
THE FOOTE SCHOOL

Student's Name _____

Student's Grade _____

Please check one:

- Please release the transcript only to the school listed below. I will sign a separate Release of Records form for every school.

Name of School _____

Address _____

City _____ Zip _____

- Please release the transcript to all schools to which my child has applied.

Parent Signature

Parent Name (please print)