

AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS

Send this to the school your child has been attending.

This form will authorize your child's school to provide us with transcripts/records and an account statement. Please complete the requested information, sign at the bottom, and send this to the school your child has been attending. In addition to records, we also require schools to indicate to **Friends School of Wilmington** if there are any past due or delinquent tuition, cafeteria, library or other amounts owed for the child listed below.

Child's Full Name _____ Common Name _____

Date of Birth _____

REGISTRAR:

I do hereby authorize you to release all records, including official transcripts and any standardized test scores for the student named above to Friends School of Wilmington.

Please send information to:

Friends School of Wilmington

Attn: Admissions
207 Pine Grove Dr.
Wilmington, NC 28403
910.791.8221 Phone
910.792.9274 Fax
admissions@fsow.org

TO BE COMPLETED BY AUTHORIZED SCHOOL REPRESENTATIVE

Date _____ School _____

The account for the child listed above has a past due or delinquent tuition, cafeteria, library or other balance.

OR

The account for the child listed above is current.

Signature of Authorized School Representative _____

Printed name & Job title _____

Phone _____ Email _____

AUTHORIZATION OF PARENT/GUARDIAN

Parent Signature _____ Date _____