

Pinecrest School

Nurturing curiosity, confidence, and a love of learning since 1957

RELEASE OF STUDENT RECORDS FORM

(To be completed by parent/guardian and sent to the child's current or former school)

Child's Full Name _____

Current Class/Grade _____ Date of Birth _____

TO THE PARENT/GUARDIAN:

Please sign this permission form and send this form directly to your child's current or former school.

I give permission for _____ (school name) to release my child's records to Pinecrest School.

Signature of Parent/Guardian _____ Date _____

TO THE REGISTRAR:

The student named above is applying for admission at or is currently attending Pinecrest School.

Please send us (as relevant):

- A copy of the student's current transcript
- A copy of the student's report cards and/or progress reports for the two previous years
- A copy of the student's standardized test scores
- Other relevant information about this student (including results of any educational and/or psychological testing)
- Immunization record and health forms

Mail to:

Pinecrest School

Attention: Admissions Officer

7209 Quiet Cove

Annandale, VA 22003