



## Authorization for Release of Official Student Records

This release will authorize your child's school to provide us with final transcripts and records. Please complete the requested information, sign the form and **send as soon as possible to the school your child has been attending.**

To (Last school attended):		
Street Address:		
City:	State:	Zip:

Dear Registrar:

I do hereby authorize you to release all records and transcripts for the student designated below. Please release these records to:

Elizabeth DiTullio, Upper School  
ditullioel@countryday.net  
Cincinnati Country Day School  
6905 Given Road  
Cincinnati, OH 45243-2898

Student's Name:		
Date of Birth:	Gender:	Current Grade Level:
Signature of Parent or Guardian:		