



Date:

Dear Principal:

The student(s) listed below have enrolled at our school. Parental consent has been included to have their Cumulative Record(s) and any other pertinent information you may have forwarded our address:

School:

Address:

Thank you,

\_\_\_\_\_  
Principal's Signature

**Parental Consent:**

**Authorization for the  
Release of Cumulative Records**

I hereby consent to the release of the cumulative records regarding my child(ren) whose name(s) appear below to another school upon request. It is understood that the information contained therein will be treated as confidential by the receiving school division or agency.

Student's Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date