

RECORDS RELEASE



I hereby authorize The Village Lower School's administrators to request records and inquire about my child at his/her present school. I understand that these records and references will be kept confidential and are not available to the applicant or family.

Please fill out the information and return to The Village Lower School's office.

Student's Name: _____

School: _____ Student's Current Grade: _____

School Address: _____

Phone #: _____

School Contact: _____

Parent/Guardian Signature: _____

Address: _____ Date: _____

The information below is for OFFICIAL USE ONLY

TO: School Registrar
FROM: The Village Lower School

School Name: _____

Students Name: _____

Grade: _____ Date: _____

The student named above is applying to The Village Lower School. Please send the following:

- All current records/school transcripts and standardized test results to our office (address below).
- Final official school transcript, including standardized test scores and health records to the our office.

Please forward the above requested materials as soon as possible. This information will be treated confidentially.
Thank you for your cooperation.

The Village Lower School

836 Middle Road • East Greenwich, RI 02818 • Tel: 401.471.6300 • Fax: 401.471.6290