

1860

The Chestnut Hill School  
**Release Form**

*Please sign and send this release form  
to your current school.*

Current School

**TO:**

Applicant's Name

**RE:**

Applicant's Address (Street, City/Town, State, Country, Zip)

Date of Birth (Month/Day/Year)



I give my permission to release all school records, including teachers' reports, all achievement and aptitude test scores, all testing results and evaluations, and any other pertinent information to:

Admission Office  
The Chestnut Hill School  
428 Hammond Street  
Chestnut Hill, MA 02467-1229

Parent/Guardian Signature

Date (Month/Day/Year)