

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)

