



Release Form

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

To:

(Current School)

Re:

(Applicant's Name)

(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)