

The Nottingham School

A Ministry of St. John Lutheran Church

AUTHORIZATION TO RELEASE RECORDS

TO: **School** _____
(Current School Attending)
Address _____
City _____ **State** _____ **Zip Code** _____

RE: _____
Student's First Name _____ **Last Name** _____ **Middle Initial** _____
Entering grade _____

The student named above has applied to enter

The Nottingham School

I, the parent/guardian of _____
do hereby authorize the release of my child's records. These records are to include an official transcript (including current year grades), standardized test scores, school medical records, attendance and behavioral records.

Send records to:

Email office@thenottinghamschool.org

FAX 216-342-1192

I understand that this information will be treated in a confidential manner and will not be transmitted to a third party without my written consent.

Parent/Guardian Signature

Date

The Nottingham School
(A Ministry of St. John Lutheran Church)
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Cleveland, OH 44119
T: 216.531.8204
E: office@thenottinghamschool.org