

FORT WORTH COUNTRY DAY

AUTHORIZATION OF RELEASE OF STUDENT RECORDS

*Please give this form to the Registration and Records office of **your student's***

CURRENT SCHOOL

Date: _____

Student's Name: _____

School Name: _____

School Address: _____

Student's Date of Birth: _____ Current Grade: _____

You are hereby authorized to release the records and/or personal information therein of the above-named student to kathy.welch@fwcd.com or :

Fort Worth Country Day
Middle School Registrar
4200 Country Day Lane
Fort Worth, TX 76109

Records to be released:

Final Transcript Other: _____

Test Results Other: _____

Reason for release of records:

The student has been admitted to Fort Worth Country Day and has committed to enrolling.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Address: _____

Phone Number: _____

Printed transcripts must be official and sealed.