AUTHORIZATION TO RELEASE PUPIL RECORDS

I/we hereby authorize the release of records for	
to The John Carroll School. This student is enrolled at John Carroll for	
Please send all records applicable to the student, including:	
School and Health	
 Special Education Confidential Psychological Discipline Test Scores (Such as MS, HSA & PARCC) Community Service Hours Copy of IEP or 504 plan(s) 	
Records should be sent to the following address, <u>Attention Admissions Office:</u>	
John Carroll School	
703 East Churchville Road Bel Air, MD 21014	
Parent Authorization:	
	
Parent/Guardian	Date
School Authorization:	
School Official	Date