AUTHORIZATION TO RELEASE PUPIL RECORDS

I/we h	ereby authorize the release of records for	to be sen
to The	John Carroll School. This student is enrolled at John Carroll for the 202	2-2023 school year.
Pleas	e send all records applicable to the student, including:	
ï	School and Health	
ï	Special Education	
ï	Confidential	
ï	Psychological	
ï	Discipline	
ï	Test Scores (Such as MS, HSA & PARCC)	
ï	Community Service Hours	
ï	Copy of IEP or 504 plan(s)	
Recor	ds should be sent to the following address, <u>Attention Admissions Office:</u>	
John (Carroll School	
703 E	ast Churchville Road	
Bel A	r, MD 21014	
Paren	t Authorization:	
	Parent/Guardian	Date
Schoo	ol Authorization:	
	School Official	Date