



# CANTERBURY SCHOOL

## PERMISSION FOR SCHOOL TO RELEASE STUDENT RECORDS

Canterbury School, 8141 College Parkway, Fort Myers, FL 33919

Name of Applicant \_\_\_\_\_ Grade for which applying \_\_\_\_\_

I/we hereby authorize Canterbury School to contact schools and other sources to obtain information to support this application and I/we will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/we release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Canterbury School for that purpose.

In order to complete the application, I/we authorize the release of my/our child's academic records and psychological testing scores as required by Canterbury School. After acceptance has been offered, I/we authorize release of the full record when transfer to Canterbury School occurs.

Date \_\_\_\_\_ Signature of both Parents/Guardians \_\_\_\_\_

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The Admission Committee cannot act until this form is completed.

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