

To the Parent or Guardian:

Please fill in the information below and submit this request to the Principal's/Head of School's Office of your child's school.

Student's Name _____ Grade _____

I authorize the release of copies of any and all records and information about the above named student, including current grades, standardized test results, psychoeducational evaluation reports, and health and attendance reports for the past three years. Please send copies of the above information to:

Director of Admission

Berkshire Country Day School
P. O. Box 867
Lenox, Massachusetts 01240

Signature of Parent or Guardian _____ Date _____

Please print name of Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell phone _____