Release of Student Records Permission Form

Landmark School is often requested to transmit copies of records to other schools, colleges, or employers. These records are limited to transcripts of scholastic achievement, pertinent standardized test results, work and activity records, health and attendance records and counselor’s statements.

Your signature to the following statement will help Landmark School expedite processing of your child’s records as necessary.

I authorize the Landmark School to release the school records of

________________________________________________________________________

to professional personnel of other schools, to institutions of higher learning, and to prospective employers.

_______________________________                 _________________
Signature                                      Date

PLEASE RETURN THIS FORM TO: Registrar’s Office
Landmark School
P.O. Box 227
Prides Crossing, MA  01965
FAX:  978-921-0361