



School Records Release Form

Parents,

Please fill in the following information and return this form to The Pathfinder School so that we may request the records from your child's previous school.

Previous School: _____

Address: _____

Phone #: _____ FAX # _____

I authorize the release of all School Records for the following student(s):

(Records to include: attendance, scholastic achievement, testing scores, psychological tests and health information)

Child's Full Legal Name

Birthdate

Grade

Parent Signature: _____ Date: _____

11930 S. West Bay Shore Drive • Traverse City • Michigan • 49684
(231) 995-3800 • www.thepathfinderschool.org

... a school without hallways, an education without limits