



**The Chapin School**  
**100 East End Avenue**  
**New York, NY 10028**  
**212-744-2335      212-628-2126 (fax)**

**PERMISSION TO RELEASE RECORDS FORM**

Please submit this form to your daughter's school's staff so that the school may send us her report.

Name of Candidate: \_\_\_\_\_

Applying to Class: \_\_\_\_\_

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_

I give my permission to release a copy of my daughter's school records.

\_\_\_\_\_  
Signature of Parent or Guardian

To The School:

The above named applicant has applied for admission to The Chapin School. To help us arrive at a decision, we would appreciate receiving the following information before January 15<sup>th</sup>:

1. Records for the current school year
2. Cumulative transcript
3. Standardized test scores

All information will be treated confidentially. Thank you very much for your assistance.

Sincerely,

Xiomara Hall  
Director of Middle and Upper Admissions