



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

PERMISSION TO RELEASE RECORDS FORM

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 of 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 15th:

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,

Dianne Williams
Director of Lower School Admissions