

Mizzentop Day School



Mizzentop Day School
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Pawling, New York 12564
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Request for Release of Student Information

To be completed by parent

Parents should distribute a copy of this form to each professional who will provide information regarding your child's past school experience.

I hereby authorize _____ to release all records concerning
Name of School
_____ to Mizzentop Day School. It is understood
Name of Student
that the information released will remain confidential.

Signature of Parent or Guardian _____

Print Name of Parent or Guardian _____

Date _____

If available, the following information is requested:

- Report Cards
- Standardized Testing Results
 - Group and individual Intelligence Test (including profile sheets)
 - Achievement Tests
 - Any other tests
- Teacher, Counselor and/or other Staff comments
- Health Record
- Attendance Record
- Transfer Records
- A copy of all specialist evaluations (i.e., psychologist, speech therapist, etc.)
- Any available, dated samples of student's work
- Individual Education Plan and 504 (if applicable)

This information will be used to support the above named student's application to Mizzentop Day School. Thank you for your assistance!

Director of Admissions