



Saint John SCHOOL

42 MAYNARD ROAD
OLD SAYBROOK, CT. 06475
PHONE: (860)388-0849 FAX: (860)388-6265

RECORD RELEASE FORM

Parent/Guardian:

Please complete the form below for _____
and forward to the school that your child is presently attending.

My signature gives consent for _____ in the town of
(Name of school child is presently attending)

_____, to release all of my child's records: (Academic,
(Town)

Medical, Psychological, Confidential, and all other school records).

Also, by signing this form, I am giving permission for the staff of St. John School to contact my child's previous school and speak to teachers, counselors, principals, and any other staff member concerning this student for as long as the student remains at St. John School.

Date

Parent/Guardian Signature

Above records to be sent to:

**St. John School
42 Maynard Road
Old Saybrook, CT 06475**