



# THE MARSHALL SCHOOL

## Authorization to Request / Release Student Records

To: \_\_\_\_\_ (School Name)  
 \_\_\_\_\_ (Address)  
 \_\_\_\_\_ (City, State ZIP)  
 \_\_\_\_\_ (Phone Number)

I request that all records listed below for

\_\_\_\_\_ *Last*                      \_\_\_\_\_ *First*                      \_\_\_\_\_ *MI*  
 \_\_\_\_\_ *Date of Birth*                      \_\_\_\_\_ *Grade*

be sent to:

**The Marshall School**  
**5707 Salem Run Blvd.**  
**Fredericksburg, VA 22407**  
**TEL: (540) 412-0992**  
**FAX: (540) 412-5204**

Records include:

_____ Academic Records - attendance - transcripts	_____ Test Records - standardized test results
_____ Health Records - immunization record	_____ Confidential Records - All Special Education Records
_____ Other	

\_\_\_\_\_  
*Parent or Guardian's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Guardian's Printed Name*