

THE LOWELL SCHOOL

SCHOOL TRANSCRIPT AND RECORDS RELEASE

For Students Entering Grades 9-12

Student's Name: _____

Date of Birth: _____

PARENT OR GUARDIAN:

Please sign, date and submit to your child's school.

I consent to the release of my child's records to The Lowell School.

Signature of Parent/Guardian

Date

School Registrar:

Please forward the following academic information on the above named student:

- School transcripts
- School Report Cards

Thank You

Please return to: Rona Wasserman, Clinical Coordinator

The Lowell School

24-20 Parsons Blvd., Flushing, New York 11357

If you have any questions, please call 718-445-4222

rwasserman@thelowellschool.com