



Records Release Authorization

Parent or Guardian: Please complete this section and submit the form to current school to request that a transcript and other school records be sent to The Hillsboro School.

Applicant's Name: _____

Grade for 2018-2019: _____

Home Address: _____

Telephone: _____

Current School: _____

Address: _____

Telephone: _____

I authorize the release of my child's transcript and other records to The Hillsboro School.

Parent or Guardian Signature: _____

School Administrator: The above named student has applied for admission to The Hillsboro School. Thank you for taking the time to complete this form. Please send it along with the student's transcripts, including most recent grades, and other school records directly to The Hillsboro School's email address or mailing address at the bottom of this form.

Years attended: From: _____ To _____

Comments: _____

Signature: _____

Name and Title: _____