

NORTHSTAR SCHOOL

RELEASE OF RECORDS PERMISSION FORM

Northstar School has my permission to request academic records for my daughter/son as part of the application process for Northstar.

STUDENT'S NAME: _____

STUDENT'S BIRTHDATE: _____

NAME OF SCHOOL SENDING RECORDS: _____

Phone Number: _____

Fax Number: _____

PARENT/GUARDIAN SIGNATURE: _____

RELATIONSHIP TO STUDENT: _____

DATE: _____