
AUTHORIZATION FOR RELEASE OF PUPIL RECORD INFORMATION

TO THE PARENTS:

1. Please complete the information below.
2. Submit this form to your child's **current** school in May.

Student's Last Name

First Name

Birth Date

Current Grade

I hereby give permission to release copies of the above-named student's cumulative records.

Signature of Parent or Guardian

Date

TO THE CURRENT SCHOOL:

The above-named student will be attending Harvard-Westlake School in the fall. Please send one copy of this year's complete grade report to Harvard-Westlake School **at the end of this school year**. Thank you.

Send to:

**HARVARD-WESTLAKE SCHOOL
ATTN: ADMISSION OFFICE
700 NORTH FARING ROAD
LOS ANGELES, CA 90077**