

Please complete this portion of the form and give this or counselor with a stamped envelope addressed to Gr		
Name of Student:		Current Grade:
I authorize the release of the above-named student's tra School, and waive my right to read the school report and		testing to Granby Preparatory Academy
(Student's signature)		(date)
(Parent/Guardian signature)		(date)
(Parent/Guardian signature)		(date)
To the Principal / Head of School / Registrar, Guidance	Counselor:	
Additionally, your critical insight and frank appraisal of would be appreciated. Specifically, please indicate if the performance, either from discipline, illness, or emotion greatly appreciated and will be held in confidence and candidate's permanent school record.	f this student's academic here are any factors that nal stability. Your candid i	, extracurricular activities, and personalit might interfere with this student's responses when evaluating this student a
(Please print)		
Name:	Position:	E-mail:
Name of School:		Work Phone:
Address:		
(street or P0 box)	(city)	(state) (zip)
(signature)		(date)