



CONSENT TO RELEASE OF RECORDS

Student Name _____ DOB _____

The above named student is currently or was previously enrolled in your program.

I hereby authorize and request the release of this student's transcript(s) and any other records requested to The Woodhall School.

Please mail official documents directly to:

Registrar
The Woodhall School
P.O. Box 550
Bethlehem, CT 06751

Print Parent/Guardian Name _____

Signature of Parent/Guardian _____

Date _____