

FOR RELEASE OF OFFICIAL AND CONFIDENTIAL INFORMATION

The undersigned, the parent (or legal guardian) of _____
who is at present a student in the _____ grade at _____
School within the _____

School District, hereby authorizes the Head of School and/or admissions officer of Wellington, Columbus, Ohio, to request information of and receive from the present teachers, principal, or other persons or agencies in charge of the student named above, any and all official and confidential records, files, health records, and other records of that type or kind, relating to that student; and the undersigned does release such principal, teacher, or other person or agency at the school where said student now is enrolled from any legal claim or liability which may exist from supplying to the said Wellington School any of the said records and materials.

NOTE: If there is more than one school from which official and confidential records are sought, set forth the additional name(s) and mailing information here: _____

It is understood that this authorization and release is executed as a step in the admissions procedure for the student named above prior to enrollment in Wellington and that, when received, all official and confidential records shall remain privileged and confidential in the hands of the said Wellington School.

PARENT OR LEGAL GUARDIAN PRINT NAME _____

SIGNATURE _____

DATE _____

RELATIONSHIP TO STUDENT NAMED ABOVE _____