Wooster School

FINAL TRANSCRIPT AND MEDICAL RELEASE AUTHORIZATION

Instructions to parents/legal guardians: Please complete the top portion of this form and ask the appropriate personnel at your child's current school to send the following information to Wooster School.

Student Name: _____
First **Middle** **Last**

Current Grade: _____

Current School: _____

School Address: _____

School Phone Number: _____

I, the undersigned, authorize you to release to Wooster School the following:

Final Transcript (Certified Copy)
Health/Immunization Records
Attendance Records
Discipline Records
Standardized Test Scores (Current Year and 2 Years Prior)

I understand that the above records become the property of the school(s) and are not subject to parental review.

Signature of Parent or Legal Guardian _____ Date _____

All materials should be sent to:

Wooster School
Attn: Admissions
91 Miry Brook Road
Danbury, CT 06810