



PO Box 1346 • Brattleboro, VT 05302
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Authorization for Release of Records

Please send this form to your student's previous school (do not return this form to Oak Meadow).
Your former school will send an official copy of your student's records to Oak Meadow.

To: _____
PREVIOUS SCHOOL ATTENDED

ADDRESS

CITY, STATE, ZIP

I hereby authorize the release of the cumulative records of:

STUDENT'S FULL NAME

DATE OF BIRTH

Please send these records to:

Oak Meadow School
PO Box 1346
Brattleboro, VT 05302

DATE

SIGNATURE OF PARENT OR GUARDIAN