

## **Authorization for Release of Records**

EVIOUS SCHOOL ATTENDED	
ADDRESS	
CITY, STATE, ZIP	
authorize the release of the	e cumulative records of:
STUDENT'S FULL NAME	
DATE OF BIRTH	
send these records to:	
Oak Meadow School	
PO Box 615	
Putney, VT 05346	
1 acticy, v 1 00070	
DATE	SIGNATURE OF PARENT OR GUARDIAN