



CARLISLE

Lead. Excel. Succeed.

Records Release

Consent for Release:

I hereby authorize _____
Name of School

to release the following information from the school records of

Name (Printed) Date of Birth

The following documents are requested:

- Scholastic Records (including current year)
- Standardized Tests
- Psychological/Sociological Reports
- Attendance Records
- Health Records
- Disciplinary Records

Please mail or fax records to: Carlisle School
Attn: Admissions Office
PO Box 5388
Martinsville, VA 24115
Fax: 276.632.9545

Please note this request is for the purpose of reviewing records only. This student is not withdrawing from your school at this time.

Parent/Guardian Signature Date

**Admissions Office
PO Box 5388
Martinsville, VA 24115
276.632.7288
Fax: 276.632.9545
www.carliseschool.org**