

# *Arlington Baptist School*

3030 N. Rolling Road  
Baltimore, Maryland 21244-2095  
(410) 655-9300

## CONSENT FOR RELEASE OF RECORDS

I hereby authorize \_\_\_\_\_  
(Name of school your child last attended)

\_\_\_\_\_  
(Complete address of school & telephone number)

to release information concerning \_\_\_\_\_  
(Full legal name of student)

My child was in grade \_\_\_\_\_ and will be entering grade \_\_\_\_\_  
(Recent grade level) (Next year's grade level)

Please specify type of records requested:

\_\_\_\_\_ School and health records \_\_\_\_\_ Transcript of grades  
\_\_\_\_\_ Testing \_\_\_\_\_ Confidential files  
\_\_\_\_\_ Other, please specify \_\_\_\_\_

Records to be released to:

Arlington Baptist School  
3030 N. Rolling Road  
Baltimore, Maryland 21244-2095

I fully understand that Arlington Baptist School will use the obtained materials for legitimate purposes only.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian