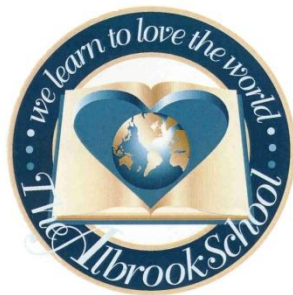


# The Albrook School

## Authorization to Release Records

---



I, the undersigned parent or legal guardian of: \_\_\_\_\_  
(Student Name)

hereby authorize \_\_\_\_\_  
School Name

\_\_\_\_\_  
Address  
\_\_\_\_\_

to release the pupil records of my child to:

The Albrook School  
361 Somerville Road  
Basking Ridge, NJ  
07920

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date