



Release of Records Authorization

Parent(s)/Guardian(s) Please complete this form and return to The Fulton School to send to the indicated school.

Signature of Parent/Guardian: _____

Parent/Guardian: _____

I hereby authorize: _____
Name of School

Principal/Head of School: _____

Address: _____
Number and Street

_____ City State Zip

To release the school academic records of:

Applicant's Name: _____
Last First Middle

Date of Birth: ____/____/____ Current Grade: _____

Receiving School:

Please send complete school records, including current year-to-date grades and medical information to:

The Fulton School
Attn: Admissions Office
1623 Laurence Drive
Heath, TX 75032

Thank you very much for your assistance in this process.