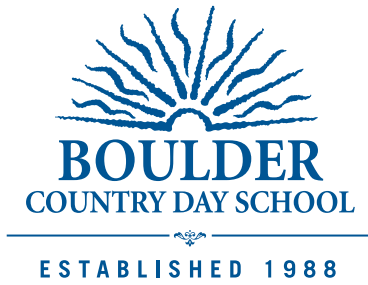


Date: _____



School Records Release Form

I, _____, hereby authorize the release of all educational, social, developmental, medical and/or psychological information of the below mentioned student to Boulder Country Day School.

Student Name: _____

Student's School: _____

Date of Birth: _____

Parent/Guardian Signature: _____

Relationship: _____

PLEASE SEND RECORDS TO:

**Boulder Country Day School • The Admissions Office
4820 Nautilus Court North • Boulder, Colorado • 80301
Phone: 303.527.4931 • Fax: 303.527.4944**