

RECORDS RELEASE AUTHORIZATION FORM

L A K E H I L L P R E P A R A T O R Y S C H O O L

To the Parent or Guardian: Please complete the information below, read and sign the following consent statement, and give this form to your child's school.

Student's Name: _____
Last First Middle

Current School: _____ Current Grade _____

School's Name: _____ has my consent to release copies of all school records to Lakehill Preparatory School.

I waive my right of access to any information deemed confidential in my child's file.

Parent/Guardian Signature _____ Date _____

To the Current School: The above named child is applying for admission to Lakehill Preparatory School. Please send complete school records including current year-to-date grades (fall semester grades must be included). Thank you for your assistance in this process.

- Current academic transcripts
- Academic transcripts from the past two years
- Standardized test scores
- Teacher evaluation forms
- Attendance and conduct reports
- Diagnostic results if applicable

Signature of School Official _____

Title _____ Date _____

Please return this form and requested materials by January 25, 2019 to Lakehill Preparatory School.

By email:
Email a scanned copy to admission@lakehillprep.org

By mail:
2720 Hillside Drive
Dallas, Texas 75214

Lakehill Preparatory School does not discriminate on the basis of race, color, religion, gender, orientation, or national or ethnic origin in its admissions, administration of its educational policies, financial aid programs, athletics, or other school-administered programs.