



Parental Authorization for Release of Records

Applicant's Name _____
Name of School _____ Principal or Registrar _____
School Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____

I have submitted an application for my child to attend Hathaway Brown School in grade _____ for the school year _____.

I give permission for you to exchange information with Hathaway Brown School concerning my child for admission purposes. Please send all current information regarding: Standardized Tests (aptitude and achievement), current classroom grades or evaluations, and teacher evaluations. I understand that the above information will be used in evaluating my child's application and that it will become the confidential property of Hathaway Brown School.

For Early Childhood and Primary School applicants only:

I also give permission for an individual from Hathaway Brown to observe my child in his or her current classroom setting as part of the admission process.

Parent/Guardian Signature _____ Date _____

To the Parents

Please complete this form and take it to your child's current school to authorize exchange of information. All current records and teacher recommendations should be submitted directly to Hathaway Brown from your child's current school.

To the School Official

Please send all current information regarding standardized tests (aptitude and achievement), current classroom grades or evaluations (transcripts) to:

*Hathaway Brown School
Office of Admission
19600 North Park Boulevard
Shaker Heights, Ohio 44122*

*email: admissions@hb.edu
phone: 216.320.8767
fax: 216.397.0992*