



**Blossom Wood Day School Scholar's Club
Authorization For Release Of Student Records
THIS IS NOT A TRANSFER REQUEST**

Regarding: _____
(Student's Name)

I hereby authorize: _____
(Name of School)

(Address)

(City, State & Zip)

to release to **Blossom Wood Day School Scholar's Club** the following records:

- ✓ **All** current year report cards
- ✓ **All** standardized test results
- ✓ **All** additional testing done to determine learning/behavioral disabilities
- ✓ **All** health examinations (including vision/hearing screening)
- ✓ **All** records that indicate any classroom modifications which will benefit the student (IEP's)
- ✓ **All** discipline records

These records are necessary to monitor student's academic performance in our afterschool program. Please note that grade reports will be requested each quarter and all other information will be requested in the fall.

Please *mail* these records to: **Blossom Wood Day School**
7200 Howdershell Road
Hazelwood, MO 63042

or fax to: **(314) 831-7075**

Signed: _____
(Parent or Guardian)

(Address)

(City, State & Zip)