RECORDS RELEASE FORM

I hereby authorize:

_____

Name of School

_____

Address City State Zip Code

To release all my school records including courses and grades, test results, written evaluations, attendance records, health records, and educational plans to:

BRIGHTality School
P.O. Box 470
St. Albans, VT 05478

_____ _____

Name of Student (Please Print) Date

_____ _____

Student Signature (if 18 or older) Grade

_____ _____

Parent Signature Expected Year of Graduation