

**QUEEN ANNE SCHOOL**

**Student Record Release Form**

**To:**

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

**Subject:**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Address

\_\_\_\_\_  
City State Zip Code

The student named above is being considered for admission to Queen Anne School. Please provide the following records:

- \_\_\_\_\_ 1. Academic transcript
- \_\_\_\_\_ 2. Grades for the most recent quarters
- \_\_\_\_\_ 3. Educational/achievement test records
- \_\_\_\_\_ 4. Results of any individual testing on record

and return them to:

Director of Admissions  
Queen Anne School  
14111 Oak Grove Road  
Upper Marlboro, MD 20774

I, \_\_\_\_\_ (parent or guardian), do hereby declare that I am legally responsible for the release of information with regard to the student named above, and I do hereby request and authorize \_\_\_\_\_ School to give Queen Anne School in Upper Marlboro, Maryland, copies of records indicated above pertaining to this student, upon receipt of this Release Form.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date