

Community Preparatory School

Authorization for Release of Information

To the Parent/Guardian: Please complete the bottom of this form and return it to Community Preparatory School as soon as possible.

To the Principal/Guidance Counselor:

The student named below has applied for admission to Community Preparatory School. Please forward a copy of the student's complete transcript and educational records including:

- Current and previous report cards/grades
- All standardized test scores
- Psychological and educational evaluations
- IEP/special education resource records
- NECAPS

Any information released will remain confidential. Please send to:

**Admissions Office
Community Preparatory School
126 Somerset Street
Providence, RI 02907**

Below is the parent's authorization to release this information. If you have any questions, please call Wendy Benjamin, Admissions Coordinator, at 401-521-9696 x 329 or wbenjamin@communityprep.org. Thank you.

You are hereby authorized to send the official school transcripts and all educational records of _____ to Community Preparatory School.

Student's Name

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date _____