2025 Harts Lane, Conshohocken, Pennsylvania 19428-2414

tel: 610-828-1231 office@miquon.org

fax: 610-828-6149 www.miquon.org

 

Summer 2015

Dear Parents:

Please sign this form and submit it to the school that your child attended most recently. This will authorize the school to forward your child’s health and academic records to us. Thank you!

# **REQUEST FOR RELEASE OF RECORDS**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above-named student has enrolled in The Miquon School for September 2015. Please forward the following records to the school at this address:

Director of Admissions

The Miquon School

2025 Harts Lane

Conshohocken, PA 19428

* end-of-year report card or narrative report for 2014-15
* achievement test scores (if any)
* health and dental records
* professional evaluation and/or IEP

parent or guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_