



THE PHOENIX SCHOOL

# Records Release Form

Please fill out this form and send to your child's school:

Name of student

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Birthdate

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Current grade

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Please send a copy of my complete child's school records including testing, grade reports, 766 records, and any other documents to:

**The Phoenix School  
28 Goodhue Street  
Salem, MA 01970**

I give my permission to release these records.

Signature

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*Parent/Guardian*

Date

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