



Release of Student Record Form

INITIAL REQUEST FOR RELEASE OF STUDENT RECORDS

I/We, the undersigned parent(s)/guardian(s) of

(Name of Student)

Do hereby authorize _____

(Student's Current School and Address)

to release transcripts (current at the time of application), testing records (including those from limited access file), immunization, health, and other pertinent records (including psychological or behavioral information included in a limited access file) of said student to Dupont Park Adventist School's Admissions Office.

Signed: _____

Parents(s) / Guardian(s)

Name of Parent

Name of Parent

Records to Be Emailed to:

dpasadminasst@mydpas.org

and Mailed to:

*Dupont Park Adventist School
Admissions Office
3942 Alabama Avenue, SE
Washington, DC 20020*