Student Profile Authorization

Dear Parent/Guardian(s): Please read and sign the authorization below and return it to Wychwood School. Then please take the Student Profile form to the applicant's current Principal for completion.

Applicant's Name: _____ _____
(Family) (Given)

Parent/Guardian(s) Authorization

I/we hereby authorize Wychwood School to contact schools and other sources to obtain information to support the candidate's application. I/we will not seek access to the Principal's or teacher's confidential evaluative materials before or after the admission decision is made. I/we release every person and institution from any and all liability from or pertaining to the furnishing of records, documents, and other information provided to Wychwood School to accompany the candidate's application. I/we authorize the release of my/our daughter's academic records and psychological testing scores as requested by Wychwood School.

Parent/ Guardian Name: _____ Date: _____/_____/_____

Signature: _____

Parent/ Guardian Name: _____ Date: _____/_____/_____

Signature: _____