

## The Washington New Church School

## **CONSENT FOR RECORD RELEASE**

To (Name of School):			
		RE:	Date:
		(Student's name)	
DOB:	Grade:		
You are authorized to release the records listed	d below for the above-named students to:		
The Washington New Church School 11914 Chantilly Lane Mitchellville, MD 20721  Specific data to be released (please check):			
		$\checkmark$ All personally identifiable data on file – $te$	o include all standardized testing
		The following records only (please state)	):
		Reason for Request (please check):	
✓ To aid in present and future education decisions.			
Other (please state):			
Signature of Parent/Guardian (must be 18 or o	lder)		
Date:			

11914 Chantilly Lane
Mitchellville, MD 20721
Phone: 301-464-5602 ~ www.theWNC.org ~ Fax: 301-805-8835