



Release of Student Information

I hereby authorize The Gunnery to release transcripts, standardized test scores and recommendations concerning _____ to the following:

- Educational Institutions
- Scholarship Programs
- NCAA Clearinghouse
- College Athletic Offices
- Other _____

Parent/Guardian Signature (if student/former student is under age 21)

Date

Parent/Guardian please print name

Signature (21 years or older)

Date

Please print name

Please return this completed form to:

Peggy Small, Registrar
The Gunnery
99 Green Hill Road
Washington, CT 06793
Fax: (860) 868-0830