



## REQUEST TO RELEASE ACADEMIC RECORDS

TO BE COMPLETED BY THE PARENT/GUARDIAN:

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's School: \_\_\_\_\_

I hereby authorize the release of complete school records and transcripts for my child,

\_\_\_\_\_,  
*Student Name*

to **Summit Scholars** Powered by Belmont Hill School (enrichment program). Please send a copy of all available material listed below to **admission@belmonthill.org**.

- Current academic year transcript (2021-2022)
- Comprehensive transcript from previous academic year (2020-2021)
- Attendance record
- Discipline record, if any
- Standardized testing (e.g. MCAS, ERBs), if available

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian's Printed Name*