

TO BE FILLED OUT BY A PARENT AND RETURNED TO FISHERS ISLAND SCHOOL

Dear Parent:

Please include the signed release form below with your son's or daughter's application. Most schools require written permission in order to release transcripts to us. Your signature below will greatly facilitate our admissions process.

We have asked for your signature in triplicate so that we will have a copy to send for a transcript, another to send for grades at the end of the year and a third for our file in case we have to send twice. Thank you.

Mrs. Jeanne Schultz
Superintendent

Fishers Island School District
Record Release

School Name _____

School Address _____

Please let this notice serve as a release to send the official school transcript of

_____ to the Fishers Island School, PO Drawer A, Fishers Island, NY 06390
(student's full name)

Signature of Parent or Guardian

Fishers Island School District
Record Release

School Name _____

School Address _____

Please let this notice serve as a release to send the official school transcript of

_____ to the Fishers Island School, PO Drawer A, Fishers Island, NY 06390
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