

**Permission for Release of Records  
and/or Information from Records**



**GRANDVIEW  
PREPARATORY SCHOOL**

As part of the admission process, Grandview Preparatory School asks for student records. Please complete, sign, and return this form to the Office of Admission in order to release the student records from previous schools.

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Records to be Released:

- Attendance Information
- Additional Information as may be required
- Discipline Reports
- Educational Evaluations
- Health Records
- Scholastic Records
- Special Needs
- Standardized Test Scores

The record(s) indicated above is/are to be released to:

Grandview Preparatory School  
Office of Admission  
336 Spanish River Boulevard, N.W.  
Boca Raton, Florida 33431  
561-416-9737 Fax: 561-394-9998

Name of school(s) releasing record(s):

School: _____
Address: _____
City, State, & Zip: _____
_____

School: _____
Address: _____
City, State, & Zip: _____
_____

I hereby grant permission for the release of above record(s).

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Grandview Preparatory School

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