



Parent/Guardian:

Please complete and send this form to the school where your child is **presently enrolled**.

*I give permission for the release of school records  
(report cards and testing) for:*

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*Student's name*

*Grade*

*to:*

*The GreenMount School  
501 W. 30<sup>th</sup> Street  
Baltimore, MD 21211*

*Or fax to: 410-467-6672*

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*Parent/Guardian Signature*

*Date*

If you have any questions please call Jennifer Seletzky at (410) 235-6295 or  
e-mail [office@greenmountschool.org](mailto:office@greenmountschool.org).