



TRUTH • BEAUTY • GOODNESS

A Classical and Christian School

Admissions Office

AUTHORIZATION TO RELEASE STUDENT RECORDS

Please complete the authorization below and send this form to your guidance counselor or principal.

Name of Student _____ Grade _____
First Middle Last

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release of all educational records to Mars Hill Academy about the above-named individual who is applying to Mars Hill Academy, including recommendations, standardized test results, and such other information as may be requested.

Signature of Parent/Legal Guardian _____ Date _____

TO PRINCIPAL OR GUIDANCE COUNSELOR:

The student named above has made application for admission to Mars Hill Academy. We would greatly appreciate your promptly sending the following records:

1. A transcript of the student's record-to-date, including grades for courses in progress
2. A copy of the student's complete test profile
3. All health records
4. Your own personal recommendations (see attached form)

Please mail to:

Mars Hill Academy Attn: Admissions
4230 Aero Drive, Mason, OH 45040