

## Community Preparatory School

# Authorization for Release of Information

To the Parent/Guardian: Please complete the bottom of this form and return it to Community Preparatory School as soon as possible.

To the Principal/Guidance Counselor:

The student named below has applied for admission to Community Preparatory School. Please forward a copy of the student's complete transcript and educational records including:

- Current and previous report cards/grades
- All standardized test scores
- Psychological and educational evaluations
- IEP/ 504 Plan/ Special education resource records
- PAARC Testing
- STAR Math & STAR Reading Reports

Any information released will remain confidential. Please send to:

**Admissions Office  
Community Preparatory School  
135 Prairie Avenue  
Providence, RI 02905**

Below is the parent's authorization to release this information. If you have any questions, please call the Betsy Velez, at 401-521-9696 or [bvelez@communityprep.org](mailto:bvelez@communityprep.org)

Applicant's Name: \_\_\_\_\_ Applying to grade: \_\_\_\_\_

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

School Telephone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_