

PARENT AUTHORIZATION FOR RELEASE OF RECORDS

After completing and signing this form, please submit it to the Records/Transcripts Office at your child's **current** school.

I grant permission for a **COPY** of my child's school records to be sent to Léman Manhattan Preparatory School.

Child's Name _____

Birthdate _____ Current Grade _____

Signature of parent or guardian _____

To the Records/Transcripts Office:

The above named child is an applicant to Léman Manhattan Preparatory School. Please send **COPIES** of:

1. Grades/reports upon completion of the first trimester or semester of the current academic year
2. Recent teacher reports or comments
3. Attendance record
4. Standardized test scores
5. Grades/reports for the previous two years (if available)

Please be sure that all transcripts are legible. Thank you.

Please send information to:

LÉMAN MANHATTAN PREPARATORY SCHOOL
LOWER SCHOOL
ADMISSIONS OFFICE

41 BROAD STREET, NEW YORK, NY 10004
PHONE: 212-232-0266
FAX: 212-813-3216
ADMISSIONS@LEMANMANHATTAN.ORG
LEMANMANHATTAN.ORG

LÉMAN MANHATTAN PREPARATORY SCHOOL
UPPER SCHOOL
ADMISSIONS OFFICE

1 MORRIS STREET, NEW YORK, NY 10004
PHONE: 212-232-0266
FAX: 212-813-3216
ADMISSIONS@LEMANMANHATTAN.ORG
LEMANMANHATTAN.ORG