



# Release of Records

Parental Authorization - please take this completed form to your child's current school.

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To: \_\_\_\_\_  
Name of School

\_\_\_\_\_

Head of School or Principal

\_\_\_\_\_

School Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Telephone Number

My Child will be attending Topeka Collegiate \_\_\_\_\_

Student's Name

\_\_\_\_\_

School Year

I give permission for you to exchange information about my child with Topeka Collegiate School for admission purposes. Please send all current information regarding: standardized tests (aptitude and achievement), current classroom grades or evaluations, any special education records, teacher recommendations, immunization records, School Entry Health Assessment and past school records. I understand that the above information will become the confidential property of Topeka Collegiate.

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

**Please return to:**  
**Topeka Collegiate**  
**Director of Admissions, Paula Huff**  
**2200 S.W. Eveningside Dr. Topeka, KS 66614**  
**785-228-0490**  
**Fax: 785-228-0504**

Thank you on behalf of the Topeka Collegiate School Admissions Committee