



# 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

I have made application for my child \_\_\_\_\_ to attend  
Student's Name

Topeka Collegiate School in grade \_\_\_\_\_ beginning \_\_\_\_\_.  
Date or 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 School.

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

\_\_\_\_\_  
Date

Please return to:  
Topeka Collegiate School  
Director of Admissions  
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