



Loudoun Country Day School

20600 Red Cedar Drive

Leesburg, VA 20175

Parent's Authorization to Release Student Records

Please forward this signed form to your child's current school for processing.

I hereby request and authorize the disclosure of all pertinent information from the scholastic records of _____.

Student Name

Please send the information to the following:

**Loudoun Country Day School
Admissions Office
20600 Red Cedar Drive
Leesburg, VA 20175
703-777-3841
Fax: 703-771-1346
Email: Susan.Hower@lcds.org**

This information is requested and authorized for the admissions process at Loudoun Country Day School.

Information from the following records is authorized for disclosure and for use in assessing the candidate for possible admission into our program:

1. Student's Official Transcript
2. Health Examination and Immunization Records
3. All Scholastic Testing
4. Any Special Education Testing
5. Any Special Education IEP Records

Signature of Parent or Guardian

Date