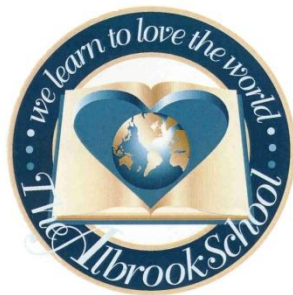


The Albrook School

Authorization to Release Records



I, the undersigned parent or legal guardian of: _____
(Student Name)

hereby authorize _____
School Name

Address

to release the pupil records of my child to:

The Albrook School
361 Somerville Road
Basking Ridge, NJ
07920

Signature of Parent/Guardian

Date