



**PERMISSION TO RELEASE RECORDS AND EVALUATIONS
GRADES PREKINDERGARTEN THROUGH GRADE FIVE**

Name of Applicant _____ Applying for Grade _____

Please submit this form and the enclosed School Recommendation Form to your child's current school.

This form authorizes the principal/registrar to send copies of records and/or evaluations of the above named student to the University School of Nova Southeastern University.

In order for the Admission Committee to consider my child's application for admission, I authorize the release of my child's records as requested by University School. I release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to University School for that purpose. I authorize University School to contact schools and other sources to obtain information to support this application, and I will not seek access to confidential recommendations and evaluations used to determine my child's admission.

Date

Signature of Parent or Guardian

To the Principal/Registrar: Please send copies of records and/or evaluations to:

Lower School Admission Office
University School
7500 SW 36th Street
Fort Lauderdale, Florida 33314-2398

Phone: (954) 262-4506
Fax: (954) 262-4426

Thank you for your assistance.