



Giff Hill School

5000 Estate Enighed, PMB # 356, St. John, VI 00830 ■ 340.776.1730 ■ registrar@giffhillschool.org ■
■ www.giffhillschool.org

SCHOOL RECORDS RELEASE FORM

Student Information

Full Name of Student: _____

Date of Birth: _____ Entering Grade: _____

Parent / Guardian Authorization

In accordance with federal and state laws, I _____ (_____),
Parent / Guardian Name Relationship to Student

hereby authorize:

Last School Attended

Address

Phone E-mail address

to release to Giff Hill School all school records including: educational, psychological and disciplinary reports, standardized testing and any other school records pertaining to this student. Records must include most recent report card or transcript.

Giff Hill School
5000 Estate Enighed, PMB # 356
St. John, VI 00830
Phone: 340-776-1730
E-mail: registrar@giffhillschool.org

Parent / Guardian Signature

Parent / Guardian Name

Date