

## **Authorization for Release of Records**

ormer school will send an o	official copy of your student's records to Oak Meadow.
PREVIOUS SCHOOL ATTENDED	
ADDRESS	
CITY, STATE, ZIP	
	Ali
by authorize the release of	the cumulative records of:
STUDENT'S FULL NAME	
STUDENT STULL NAME	
STODENT S FULL INAME	
DATE OF BIRTH	
DATE OF BIRTH	
e send these records to:	
e send these records to:  Oak Meadow School	ol
e send these records to:	ol
e send these records to:  Oak Meadow School	ol
e send these records to:  Oak Meadow School PO Box 615	ol
e send these records to:  Oak Meadow School PO Box 615	ol
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