



NEW ENGLAND
KURN HATTIN HOMES
P.O. BOX 127
WESTMINSTER, VT 05158
www.kurnhattin.org

TEL: (802) 722-3336
FAX: (802) 722-3174

RELEASE OF STUDENT INFORMATION

Date: _____

To: _____
(School)

(Address)

I am applying to New England Kurn Hattin Homes for my child, _____.

A **COPY** of his/her school records is necessary for the application process.

This includes: *all academic records*

test results

psychological and health records

IEP

special education records

ONLY COPIES WILL BE ACCEPTED.

I hereby authorize you to release a copy of any and all of the above-mentioned records and any other pertinent information, including, but not limited to, the completed **Teacher's Report Form**, concerning my child, _____ to:

Kurn Hattin Admissions
Post Office Box 127
Westminster, VT 05158

I also give my permission for you to discuss these records with Kurn Hattin Admissions personnel if necessary.

Signed: _____
(Legal Guardian)

(Address)

Please call Crystal Card, Admissions Coordinator, at (802) 721-6925, if you have any questions.