



HACKLEY SCHOOL

Tarrytown, New York 10591

T. 914.366.2642 · F. 914.366.2636

RELEASE OF INFORMATION

Please submit to the student's Teacher, Guidance Counselor, School Director, or Principal.

NAME OF CURRENT SCHOOL

NAME OF CANDIDATE FOR HACKLEY SCHOOL

As parent/guardian of the above candidate, I hereby authorize the release of any and all records and information about this student, including current grades, to Hackley School.

SIGNATURE OF PARENT/GUARDIAN

DATE

PLEASE PRINT NAME OF PARENT/GUARDIAN

ADDRESS

To Principal, Guidance Counselor, Director, or Teacher

The student named above has made application to Hackley School. We would appreciate your promptly sending the following:

K-1 APPLICANTS: THE ENCLOSED CONFIDENTIAL FORM.

2-12 APPLICANTS: A COPY OF THE STUDENTS COMPLETE TEST PROFILE.

A TRANSCRIPT OF THE STUDENTS RECORD TO DATE, INCLUDING THE MOST RECENT GRADES AND REPORT OF PROGRESS.

If the student is admitted to Hackley School, a request for a final transcript and health forms will be made at the termination of this school year. **Please hold this authorization form on file so that a second form will not be necessary. If you have any questions, email us at admissions@hackleyschool.org**

Please mail all correspondence to:

Director of Admissions

Hackley School

293 Benedict Avenue

Tarrytown, NY 10591