



172 Rutledge Avenue Charleston SC 29403  
Phone (843) 720-2854 Fax (843) 720-2868  
www.ashleyhall.org • newtonc@ashleyhall.org

## CONSENT TO RELEASE INFORMATION

Please complete and return with your Ashley Hall application for Admission.  
This authorizes the release of all educational and health records from:

CURRENT SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_

Student's Name \_\_\_\_\_  
First Middle Last

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Grade \_\_\_\_\_ Applying for grade \_\_\_\_\_ Year \_\_\_\_\_

I, \_\_\_\_\_, hereby request that a complete copy of the  
(Parent/ Guardian Signature)  
academic and all other records relating in any way whatsoever to \_\_\_\_\_'s  
(Student's Name)  
attendance at the school named above be forwarded to:

Ashley Hall  
Attention: Admission Office  
172 Rutledge Avenue  
Charleston SC 29403

I further consent to respond to any inquiries, verbal or written, concerning the student named above. A copy of this consent form shall be sufficient proof that the original was executed and is maintained in the offices of Ashley Hall.

\_\_\_\_\_  
DATE