



A S H L E Y H A L L

F O U N D E D 1 9 0 9

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