



A S H L E Y H A L L
FOUNDED 1909

CONSENT TO RELEASE INFORMATION

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

CURRENT SCHOOL: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____

Student Name: _____

Present Grade _____ **Applying for grade** _____

I, _____, hereby request that a complete copy of the academic and all other records relating to my child's attendance at the school named above be forwarded to:

Ashley Hall
Attention: Admission Office
172 Rutledge Avenue
Charleston SC 29403
admission@ashleyhall.org

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.

Parent/Guardian Signature

Date