



ACADEMIC THEATRE LAB ON AUDUBON STREET
@ NEIGHBORHOOD MUSIC SCHOOL

RECORDS RELEASE FORM

I authorize _____ / _____
(present school) (telephone number)

_____ / _____
(mailing address city, state, zip) (fax number)

to release information and/or cumulative records, (past academic achievement, testing information, achievement test scores, medical and psychological reports) to the **ACADEMIC THEATRE LAB ON AUDUBON STREET (ATLAS), 100 Audubon Street, New Haven, CT 06510** from the school record file of:

_____ / _____
(student's name) (current grade)

Parent Signature _____

Address _____

Date _____