



THE PHELPS SCHOOL

583 Sugartown Road
Malvern, PA 19355

Telephone: 610-644-1754
Fax: 610-644-6679

(Last Name) (First Name) Middle Initial)

Date of Birth _____ Withdrawal Date _____

Social Security # _____ Grade at Withdrawal _____

INSTITUTION RELEASING RECORDS _____

School Name _____

Street Address _____

City / State / Zip _____

PLEASE SUBMIT ACADEMIC INFORMATION ON YOUR OFFICIAL TRANSCRIPT FORM WITH
SCHOOL SEAL AND A COPY OF THE STUDENT'S DISCIPLINE RECORD TO:

The Phelps School
583 Sugartown Road
Malvern, PA 19355

I authorize the release of all official records (signed/school seal) to include: name, address, parent/guardian, grade level completed, standardized testing results, class rank, co-curricular activities, attendance, health records, psychological reports or special placement data (IEP's, 504's) and grades to date at time of withdrawal.

Parent / Guardian Signature (if minor) _____ Date _____

Date Record Requested: _____