

RECORD RELEASE and MEDICAL RECORD REQUEST

As part of its admissions process, DESOTO PRIVATE SCHOOL, requires a medical record and signed medical statement (enclosed) from the doctor of the applicant.

Please sign the authorization below and return it to DESOTO PRIVATE SCHOOL, so that admissions considerations may proceed as rapidly as possible.

TO:

Name of Doctor/Nurse

Fax

Please forward (fax) the medical records and signed medical statement of my child to:

DeSoto Private School
301 E. Beltline Road
DeSoto, Texas 75115
Fax: (972) 230-0629

Your prompt attention to this request is appreciated.

Parent or Guardian

Student Name

Date

