

The Master's House  
551 Alfred Rd.  
Biddeford, ME 04005  
207-283-3858

Dear Registrar:

The following named students(s) will be attending The Master's House:

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

Would you please forward at your earliest opportunity the following (when applicable):

- a) official transcript
- b) accumulative folder
- c) health record
- d) achievement test results
- e) I.Q. test results

I, the parent or legal guardian of aforementioned child(ren), do hereby consent to the release of records regarding my child(ren) to The Master's House.

\_\_\_\_\_  
Parent (guardian)

\_\_\_\_\_  
Date

*In Christ are hidden all the treasures of wisdom and knowledge.  
Colossians 2:3*