KINGSWOOD OXFORD

Request for Release of Student Records

To Whom It May Concern:

My child, _____, will be transferring to Kingswood Oxford School for the 2026-2027 academic year.

I hereby request and provide my authorization for you to release all of his/her academic and health records to Kingswood Oxford School.

Please send records to: **Kingswood Oxford School**
Attention: Admissions Office
170 Kingswood Road
West Hartford, CT 06119

If you have any questions, you may contact the Admissions Office at Kingswood Oxford School at 860-727-5000 or admissions@kingswoodoxford.org.
Thank you,

_____ _____

Signature of Parent/Guardian Date

_____

Parent/Guardian Printed Name