RECORDS RELEASE FORM

140 Galley Hill Road, Cuddebackville, NY 12729, USA
Tel: (845) 672-0550 — Fax: (845) 977-0481
Email: graduateadmissions@feitian.edu

ATTENTION APPLICANTS:

Please fill in the information below and submit it to your current or last attended school.
Do NOT return this form to Fei Tian College.

Applicant's Full Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Date of Birth: ____ / ____ / ____ Gender: ☐ Male ☐ Female

I request and authorize the proper authorities at…

_____ (NAME OF APPLICANT'S CURRENT SCHOOL) Dates of Attendance: ____ / (FROM (MM/YY)) ____ / (TO (MM/YY))

_____ (SCHOOL STREET ADDRESS & CITY) _____ (SCHOOL PHONE NUMBER)

_____ (STATE/PROVINCE & POSTAL CODE) _____ (COUNTRY)

to release a copy of the following parts of my record to Fei Tian College, in which admission is being considered.

Checklist:

- ☐ Transcript of grades, tests, and attendance records
- ☐ Verification of last grade attended
- ☐ Verification of birth date/birth certificate
- ☐ Health records/immunization records
- ☐ Special education records (IEPC, diagnostic reports, etc.)
- ☐ Record of extracurricular activities

_____ (Name Of Applicant) X _____ (Applicant's Signature) Date: _____ (MM/DD/YYYY)

CURRENT SCHOOL OFFICIALS

Records should be forwarded to:

By mail: Office of Admissions
Division of Graduate Studies
Fei Tian College
140 Galley Hill Rd., Cuddebackville, NY 12729
USA

By fax: (845) 672-0550

For any inquires:
Telephone: (845) 977-0481