TO THE PARENT / GUARDIAN

Please complete the following information before giving it to your child's school administrator.

Name of Applicant		Birthdate	
Current Grade	Applicant for Grade		
Address of Applicant			
Name of Current School		Telephone Number ()	
Address of Current School			
Parent / Guardian Authorization Signat	ture	Da	te

For the student named above, I authorize the release of school records, including an official transcript of all grades and evaluations for the past two years, testing results, and information regarding disciplinary actions.

TO THE SCHOOL ADMINISTRATOR

The student named above is applying for admission to _____

Please attach to this form the candidate's record, including an official transcript of all grades and evaluations, testing results, and information regarding disciplinary actions at your school for the past two years. Please be sure to include grades to date in current courses or forward first term grades to us as soon as they are available.

Thank you very much for your assistance.

School Official's Name (please print)		
School Official's Signature		Date
Title		
Telephone Number ()	Email	