

STUDENT TRANSCRIPT RELEASE REQUEST

Parents: Please complete this form and send it directly to the applicant's present school.

TO: CURRENT PRINCIPAL/HEAD OF SCHOOL

School Name _____

School Address _____

REGARDING

Student Name _____ Present Grade _____

Student Address _____

Our child has applied to Trinity Episcopal School for admission to the _____ grade for the term beginning _____.

Please release all records immediately (including copies of complete transcript of grades, all standardized test scores and any other pertinent information) concerning this student to:

**Trinity Episcopal School
Admission Office
750 E. 9th Street
Charlotte, NC 28202**

We also give permission for our child's teachers or school administrators to discuss our child directly with members of the Trinity Episcopal School staff.

I, _____ (parent or guardian), do hereby declare that I am legally responsible for the release of information concerning said student, and I do hereby request and authorize _____ School to give in writing to Trinity Episcopal School copies of all records pertaining to said student, upon receipt of this Release Request.

Signature of Parent/Guardian

Date

I hereby authorize the staff of the Admission Office of Trinity Episcopal School to observe my child in his/her current school setting. I understand that this information will be considered confidential and will be used by the staff of Trinity Episcopal School for admission purposes only.

Signature of Parent

Date



750 E. 9th Street
Charlotte, NC 28202-3102

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www.TEScharlotte.org