



STUDENT TRANSCRIPT RELEASE REQUEST

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

To: Current Principal/Headmaster

School Name _____

School Address _____

REGARDING

Student Name _____ Present Grade _____

Student Address _____

Our child has applied to St. Elizabeth's School for admission to the _____ grade for the term beginning _____.

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

**St. Elizabeth's School
Admissions
3605 Martin Luther King Blvd.
Denver, CO 80205**

We also give permission for our child's teachers or school administrators to discuss our child directly with members of the St. Elizabeth's 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 St. Elizabeth's School copies of all records pertaining to said student upon receipt of this Release Request.

Signature of Parent/Guardian

Date