TRANSCRIPT RELEASE FORM
For Grades 2 - 4

PARENTS: Please complete and forward this form directly to your child's current school AFTER the first marking period.

TO: ____________________________
(Principal, Headmaster or Guidance Counselor)

______________________________
(Name of School)

Our child, __________________________ has applied to the ______ grade at the St. Paul's Schools. We hereby give permission to have the information below forwarded to:

Admissions Office
St. Paul's Schools
11152 Falls Road
P.O. Box 8100
Brooklandville, MD 21022-8100
Fax: 410-427-0380
Email: spladmissions@stpaulsmd.org

- Current year report card and previous year report card
- Any standardized testing
- Any evaluations or IEPs

Signature of Parent or Guardian: ______________________________

Date: ______________________________