

PLEASE SUBMIT THIS FORM TO YOUR CHILD'S CURRENT SCHOOL

To Parents:

Please complete and sign this Transcript Release form and send it to your child's current school. This will authorize the current school to forward a copy of your child's transcript/most recent school report and one Teacher Recommendation to the Admissions Office of The Calhoun School, 160 West 74th Street, New York, NY 10023, by fax 212-497-6540, or email Casey.Nicklis@calhoun.org

TO THE HEAD OF SCHOOL OR PRINCIPAL

Name of School			
Address of School			
City	State	Zip	
I hereby authorize you to	send an official school transcript/most recen	t school report and one completed	
Teacher Recommendation for my child			_to
The Calhoun School.			
I understand that the Teac	cher Recommendation is confidential between	the sending school and	
The Calhoun School.			
Thank you.			
Parent's/Guardian's Signature	Date-		