

Applicant Name: _____
Applying for Grade: _____
<input type="checkbox"/> Immediate <input type="checkbox"/> Midyear 2019-2020 <input type="checkbox"/> Fall 2020

## Transcript and School Records Release Form

Please send the following documents to Marianapolis Preparatory School at the address below:

- Official school transcript for the applicant's current and previous academic year.
- Standardized testing for the applicant, including state required testing and the PSAT or SAT(if applicable).
- The applicant's attendance record for the current and previous academic year.

**PLEASE SUBMIT THIS FORM TO YOUR SCHOOL.**

### Parent Instructions

Please sign and submit this form to the Academic Office of the applicant's current school. *Please do not submit this form to Marianapolis.*

*I hereby consent to the release of my child's records to Marianapolis Preparatory School.*

Name of Parent (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All records may be sent to:

Marianapolis Preparatory School  
Office of Admission  
P.O. Box 304  
Thompson, Connecticut 06277-0304