



## TRANSCRIPT RELEASE

*Parents, please give this form to your child's school. Records must be sent directly from the school.*

**I/We authorize the release of my/our child's:**

- Grades for the past four school years and current class schedule
- Psychological and special needs testing results (if applicable)
- Aptitude and achievement test scores
- Attendances and disciplinary records
- Interpretation of grading scales
- Immunization and medical record

**I/We authorize Nerinx Hall to contact schools and other sources to obtain information relative to my/our child's application.**

Applicant's Full Name \_\_\_\_\_

FIRST

MIDDLE

LAST

School Year 20 \_\_\_\_ – 20 \_\_\_\_

Applying for Grade  9  10  11  12 Beginning Semester  Fall  Spring

Current School \_\_\_\_\_

School Address \_\_\_\_\_

STREET

CITY

STATE

ZIP

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

Contact Email \_\_\_\_\_

**STATEMENT OF CONFIDENTIALITY:**

It is the policy of Nerinx Hall that all information received regarding an applicant's application for admission will be treated with complete confidentiality. Information received within the scope of this policy is not disclosed to the applicant or to the applicant's family.

**Signature(s) of parent(s)/guardian(s):**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send all information to: Nerinx Hall  
Admissions Office  
530 E. Lockwood Ave  
St. Louis, MO 63119  
Phone: (314) 968-0753

*Questions? Contact the Admissions Office at (314) 968-1505 ext. 200 or [admissions@nerinxhs.org](mailto:admissions@nerinxhs.org).*