



CARROLLWOOD DAY SCHOOL
Upper School Division

1515 W. Bearss Avenue • Tampa, Florida 33613 • Telephone: 813.920.2288

TRANSCRIPT RELEASE AND CONFIDENTIALITY FORM

To the Applicant: Please type or print your name and give this form to your current school's office with a stamped envelope addressed to Carrollwood Day School - Admissions Department, 1515 W. Bearss Avenue, Tampa, FL 33613. Official transcripts must come directly from your school.

Applicant Name: _____ Current Grade: _____

To (Name of Current School): _____

To the Parent/Guardian: Please read and sign the statement below.

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Signature of Applicant's Parent or Guardian

Date:

To Applicant's Current School: Please send this student's official transcript for the current school year and the past two years. This should include all grades earned for courses taken to date, attendance, the scores for aptitude and achievement tests, and first semester grades for the current year as soon as they become available. **Please note that a copy of this form should be included with transcripts.**

Note to Registrar: In order to avoid duplicating your efforts, we ask that records not be sent until first trimester or semester grades are completed.

Thank you for your assistance. Should you have any questions, please contact the Admissions Office at Carrollwood Day School.