TRANSCRIPT RELEASE FORM
For Grades 5 – 12

TO: __________________________________________
   (Principal, Head of School, or Guidance Counselor)

__________________________________________
   (Name of School)

Our child, ____________________________________, has applied to the

______ grade at St. Paul's School for Boys. We hereby give permission to

have

2 years of grades and testing forwarded to:

   Admissions Office
   St. Paul's School for Boys
   11152 Falls Road
   P.O. Box 8100
   Brooklandville, MD 21022-8100
   Fax: 410-427-0380
   SPAdmissions@stpaulsmd.org

Signature(s) of Parent or Guardian

__________________________________________

__________________________________________

Date:________________________

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