



## 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.*