

## FRIENDS SCHOOL

**PARENT:** Please send this form to the school in which your child is **presently enrolled**.

### TRANSCRIPT RELEASE

I give permission for the release of information (transcript, test, recommendations and grades) to Friends School for my child.

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(Name of Child)

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(Date)

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(Parent Signature)

Please forward this information to Friends School as soon as possible. Thank you.

Friends School – Admission Office  
5114 North Charles Street  
Baltimore, Maryland 21210  
(410) 649-3211