



Directions to Parent or Guardian: Please sign the authorization to release school transcripts and information on file to All Saints' Episcopal School. If more than one school has been attended in the past two years, please make a copy of this form and **submit forms to each school** in which the student was enrolled.

Student's Name _____ Last First Middle Grade _____

To be completed by the Parent or Guardian:

I hereby authorize the release of information requested by the Admissions Office at All Saints' Episcopal School for my child's application.

Signature of Parent or Guardian

Directions for the School:

This student is an applicant for admission to All Saints' Episcopal School. Please mail or email the following documents directly to the Admissions Office:

- Copy of the student's cumulative transcript, including any standardized test results
- Copy of the student's report card for at least the past two years, including current mid-year grades
- Copy of the student's immunization records
- Copy of any educational testing or records regarding accommodations (psycho-ed evaluation, IEP, 504B, etc.)

If this student is admitted and enrolls at All Saints' Episcopal School, the family will request a final transcript of the student's record. Please keep this authorization on file so that you have permission to release the final transcript.

If you have any questions or comments, please contact the Admission Office at the number or email at the top of this page. Thank you.