



AUTHORIZATION FOR THE RELEASE OF FINAL OFFICIAL TRANSCRIPT

NAME: _____
Will enroll at Trinity Valley School this fall.

DATE OF BIRTH: _____ **GRADE:** _____

TO: (STUDENT'S CURRENT OR MOST RECENT SCHOOL)

(NAME OF SCHOOL)

PLEASE SEND: Hard copy of Final Official Transcript

MAIL TO: College Counseling
Trinity Valley School
7500 Dutch Branch Road
Fort Worth, Texas 76132-4110

I hereby authorize the above-named school to release the requested information on my child.

Parent or Guardian

Date

In accordance with the Family Educational Rights and Privacy Act of 1974, this form will authorize the school named above to release all records, including transcripts, immunization history, and psychological, social, educational or developmental information regarding the above named student.