



Applicant Full Name: \_\_\_\_\_

Signature of parent or guardian indicates permission for the student's current school to release **grades, official transcripts, and any standardized and/or educational testing** which is included in the student's file.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following is to be completed by a school official (Guidance Counselor, Principal, or Head of School):

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Name of School: \_\_\_\_\_

Phone: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:**

Parents, please be sure to provide a copy of this release form to your son's current school and have the school mail all materials to the Office of the Registrar at Trinity-Pawling School: 700 Route 22, Pawling, NY 12564.

Thank you for your assistance!

Trinity-Pawling School  
Office of the Registrar  
845-855-4819