



TRANSCRIPT RELEASE FORM

To the parent: Once completed, this form is to be given to the student's current school. The current school will then forward the transcript directly to The Salisbury School.

I hereby give permission to _____
(Name of Previous School)

at _____
(Address of Previous School)

to release the official records for _____
(Name of Student)

who has applied for admission to The Salisbury School.

Current Grade _____ Birth Date _____

Please include:

- Transcript, including grades to date for this year
- Standardized test results
- Health records (include complete immunization record)
- Special education information (I.E.P., psychological records, etc., if applicable)
- Other information which may be helpful in admission or placement of this student

Signature of _____ Date _____
Parent/Guardian

Print Name of Parent/Guardian _____

Please return completed form to Admissions Office, The Salisbury School, 6279 Hobbs Road, Salisbury, Maryland 21804

Thank you for your assistance.