



# Transcript Release Authorization Grades K-5

## SHADY SIDE ACADEMY

### Dear Parents:

As a final step, we need to obtain your child's official transcript and records. Most schools require written authorization before releasing this information so please complete the information below and submit this form to **your child's school**. Receipt of these documents is necessary prior to the start of the school year.

Applicant's Name: \_\_\_\_\_

Current School: \_\_\_\_\_

The undersigned agrees that the information and material below be provided to Shady Side Academy.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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### Dear School Administrator:

The above named student is enrolled at Shady Side Academy Country Day School for the fall. Please provide to us:

- Official Final Transcript
- Health Records / Immunization Records
- Any additional official records

This information should be sent directly to:

Katie Knox  
Shady Side Academy Country Day School  
400 Christ Church Lane  
Pittsburgh, PA 15238

*Telephone:* 412-963-1277

*Email:* [kknox@shadysideacademy.org](mailto:kknox@shadysideacademy.org)