



Student Transcript Release Form

Student Information

Full Name: _____ Date: _____
Current School: _____ Grade applying: _____

Transcript Information

To Parent(s)/Guardian(s):

As a part of the admissions process, St. Michael School requires an official transcript from the most recent school attended by the applicant. The school reviews both the academic and personal records as it evaluates each candidate's application. Most schools, including St. Michael School, as a matter of policy, do not release a student's transcript without a signed request to do so by the student's parents or guardian.

Please sign the authorization below and return it with your application, so that the admissions process may proceed as rapidly as possible. Complete mailing addresses of all schools must be provided in order for St. Michael School to request records.

Transcript Authorization

School Presently Attending: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Principal: _____

The student named above is being considered for admission into St. Michael School. I authorize you to release the information requested below:

- The student's grades for the most recently completed term at your school.
- Completed grade record from your school and any other schools from which you received records, including health records.
- Discipline records.
- Scores of all standardized testing and other pertinent information.
- **Any existing special education or 504 records.**

Parent/Guardian Name

Parent/Guardian Signature

Date

Mailing Information

Please send these materials directly to:

Admissions Office
St. Michael School
131 West Broad Street
Pawcatuck, CT 06379

Phone: 860.599.1084 - Fax: 860.599.8079