

Transcript Release Form

I/We authorize the release of my/our child's:

- $\sqrt{}$ grades from the current and previous two school years
- $\sqrt{}$ aptitude and achievement test scores
- $\sqrt{}$ interpretation of grading scales
- √ psychological and special needs testing results
- $\sqrt{}$ attendance and disciplinary records
- √ immunization and medical records
- √ current teacher recommendation

I/we authorize release of our child's full record. I/We authorize Rohan Woods School to contact schools and other sources to obtain information relative to my/our child's application. I/We will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made.

Applicant's full name:				
	First	Middle	Last	
Applying for grade:		Enrolling:		
Current School:				
Director:		Teacher:		
School Address:				
School Phone: ()		School Fax: ()	_ School Fax: ()	
Email:				
candidate's application for ad personnel have access to this	of the Independe mission will be tre information and t ision. Information	nt Schools of St. Louis that all informa eated with complete confidentiality. O then only to the extent that the inform n received within the scope of this poli	nly authorized school ation is relevant to the	
Signature(s) of parent(s)/g	uardian(s):			
Signature		Dat	e	
Signature		Dat	<u> </u>	