

TRINITY SCHOOL OF DURHAM & CHAPEL HILL

TRANSCRIPT RELEASE FORM

Student's Name _____
(Last) (First) (Middle)

Date of Birth ____/____/____ Current Grade _____ Current Academic Year _____
(Month) (Day) (Year)

School Releasing Records: _____
Name of School

Street Address

City State Zip Code

Telephone

Permission for Release of Records

Parents/guardians: Please complete this form and submit it to the applicant's school, and the school will send the applicable records directly to Trinity School.

I hereby grant permission to _____ (applicant's current school) to release my child's school records to Trinity School for purposes of admission.

Parent/Guardian Signature

Date

School Administrator, please release all applicable records:

- Scholastic records
- Standardized test scores (if any)
- Health record
- Attendance information
- Educational evaluations (if any)
- Discipline reports (if any)
- Additional information as may be required

Thank you for your assistance. Please mail this form with the requested records to:

**Trinity School
Admission Office
4011 Pickett Road
Durham, NC 27705**

Phone: (919) 402-8262 Fax: (919) 402-0762