



TRANSCRIPT REQUEST FORM

TO THE PARENT/GUARDIAN:

Please complete the following information before giving it to your child's school administrator. Provide the administrator a list of schools and email addresses to which to send your child's transcript or instructions for how to upload your child's transcript to each school's online application system.

Name of Applicant: ______Birthdate of Applicant: _____

Applicant for:Grade in September 2020	Current Grade:
Address of Applicant:	
Name of Current School:	Phone:
Address of Current School:	
For the student named above, I authorize the release of school evaluations for the past two years, testing results, and informate	,
Parent/Guardian Authorization Signature:	Date:
TO THE SCHOOL ADMINISTRATOR:	
The Consortium of Secondary School Admission Directors (CSS their exploration of independent school education. They do so Association of Independent Schools (NAIS); by establishing an procedures, and most notably, their common decision notificat committed to sharing resources and expertise in a collegial man students.	by following the best practices of the National nd adhering to ethical, consistent policies and cion and response dates. These organizations are also
Please attach to this form the candidate's record, including testing results, and information regarding disciplinary action to include grades to date in current courses or forward first ideally no later than January 17, 2020. To protect the integral form as a PDF before submitting to schools.	s at your school for the past two years. Please be sure st term grades to us as soon as they are available,
Thank you very much for your assistance.	
Has this student ever been subject to any serious disciplinary a If yes, please explain.	ction, suspension, or expulsion from school? \square No \square Yes
School Official's Name and Title:	
School Official's Signature:	Date:
Email <u>:</u>	Phone Number:
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