St. Michael's Episcopal School

Request for Transcript or Evaluative Report

(To accompany application for admission.)

Applicant's name_____ Current Grade _____

The undersigned hereby authorize you to release to St. Michael's Episcopal School all information requested about the applicant's academic and/or personal records for use in connection with the application for his/her admission to St. Michael's Episcopal School. The inclusion of report cards, standardized test scores, and the immunization form would be especially helpful.

Current School _____

Director, Principal, Guidance Official _____

Address of School _____

_____

Telephone _____ Fax _____

By signing this permission to release information, I acknowledge and agree that all information received from the applicant's current school, including verbal and written teacher recommendations, will be kept confidential and not released to the parent(s) or guardian(s) of the applicant by St. Michael's Episcopal School.

Signature of Parent or Guardian _____

Date _____

Mail forms to:

Director of Admissions
St. Michael's Episcopal School
8706 Quaker Lane
Richmond, VA 23235

804.272.3514

804.323.3280 fax