

Transcript Release

Student _____

Date of Birth _____

To Parent or Guardian:

Please sign this permission form and send it to your child's last attended school.

I give permission for _____ to release my
(Name of School)

child's records to Trinity School of Frederick.

Signature of parent or guardian

Date

To the Registrar:

This student has applied to Trinity School of Frederick.

In order to have a complete record of this student's education, we need a transcript from your school. Please send the transcript to:

**Director of Admissions
Trinity School of Frederick
6040 New Design Road
Frederick, Maryland 21703 - 6550**

Thank you.