



TRANSCRIPT RELEASE FORM

Student Name

Current Grade

Parent/Guardian

Please provide the name and address of the school your child attends, your signature in the space provided, and *return this form to the Admissions Office*. We then request the required records from the school.

Name of School

School Address

I authorize the release of requested records. I understand that as part of my child's application for admission, Connecticut Friends School requires the completion of a teacher evaluation form. I acknowledge that this is a confidential communication between the person recommending my child and the school, and I hereby waive any right to receive, review, inspect or have access to any such letter of recommendation.

Signature of Parent/Guardian

Date

School Registrar

The named student has applied for admission to Connecticut Friends School. In order to complete the application, please forward the following records:

- Transcript and any standardized test scores
- Available educational or psychological testing and/or information regarding this student

Please send requested records to:

Admissions Office
Connecticut Friends School
317A New Canaan Road
Wilton, CT 06897

We appreciate your cooperation and thank you in advance for your assistance.