

## TRANSCRIPT REQUEST FORM

| TO THE PARENT/GUARDIAN:   |                         |       |      |        |                |     |
|---|-------------------------|-------|------|--------|----------------|-----|
| Please complete the following information before giving it to your child's school administrator.  |                         |       |      |        |                |     |
| Date:   |                         |       |      |        |                |     |
| Name of Applicant:  |                         |       |      |        | Rirthdato:     |     |
| * * *   | Last                    | First |      | Middle | _ Dirtildate   |     |
| Candidate for   | Grade in September 2016 |       |      |        | Present Grade: |     |
| Address of Applicant:   |                         |       |      |        |                |     |
|   | Number and St.          | reet  | City |        | State          | Zip |
| Name of Current School:   |                         |       |      |        | Phone:         |     |
| Address of Current School:  |                         |       |      |        |                |     |
|   | Number and St.          |       | City |        | State          | Zip |
| Parent/Guardian Authorization Signature:  |                         |       |      |        | _ Date:        |     |
| For the student named above, I authorize the release of school records, including an official transcript of all grades and evaluations for the past two years, testing results, and information regarding disciplinary actions.   |                         |       |      |        |                |     |
|   |                         |       |      |        |                |     |
| TO THE HEAD OF SCHOOL OR PRINCIPAL:   |                         |       |      |        |                |     |
| The student named above is applying for admission to  |                         |       |      |        |                |     |
|   | School Name             |       |      |        |                |     |
| Please attach to this form the candidate's record, including an official transcript of all grades and evaluations, testing results, and information regarding disciplinary actions at your school for the past two years. Please be sure to include grades to date in current courses or forward first term grades to us as soon as they are available, ideally <b>no later than January 22, 2016</b> . |                         |       |      |        |                |     |
| Thank you very much for   | your assistance.        |       |      |        |                |     |
| School Official's Signature:  |                         |       |      |        | Date:          |     |
| Position:   |                         |       |      |        |                |     |
| Phone Number: Email:  |                         |       |      |        |                |     |

The Consortium of Secondary School Admission Directors (CSSAD) share a common mission, assisting families in their exploration of independent school education. They do so by following the best practices of the National Association of Independent Schools (NAIS); by establishing and adhering to ethical, consistent policies and procedures, and most notably, their common decision notification and response dates. These organizations are also committed to sharing resources and expertise in a collegial manner to support the recruitment and enrollment of students.