

Transcript Request Form

To: _____
(Name of Previous School)

(School Address)

(City, State, Zip)

(School Phone# and Fax#)

This is to request /authorize your release of the school records of:

Name of the Student	Birthday	Current Grade	Grade Entering
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_____	_____	_____	_____
_____	_____	_____	_____

Who has/have applied at Southminster School.

Please release any and all records to Southminster School including:

Transcript and Report Card

Test Records

Health Records/Immunization

Limited English Proficient

Discipline Records

504 or Modification Plan

Birth Certificate

Social Security Card

Gifted/Talented Records

Psychological Data

Parent Approval of Release of Records

Date



Southminster School
The Voyage Begins Here