

TRANSCRIPT RELEASE AND CONFIDENTIALITY

Please email a completed and saved copy of this form to your child's current school's office. Official transcripts must come directly from that school.

Applicant Name _____ Current Grade _____

To (Name of Current School) _____

To the Parent/Guardian: Please read, print your name, and then check the box.

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years as well as the results of academic testing by checking the box by my name. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report. By submitting this form electronically and checking the box below and printing my name, this serves as my signature and becomes a binding contract.

Parent or Guardian Signature _____ Date _____

To Applicant's Current School: Please send this student's official transcript for the past two years. This should include all grades earned for courses to date, attendance, the scores for aptitude and achievement tests, and first semester grades for the current year as soon as they become available. **Please note that a signed copy of this form should be included with transcripts.**

Thank you for your assistance. Should you have any questions, please call us at 415.683.5459 or email us at admissions@thoughtandindustry.com.