



ST. JOHN'S
EPISCOPAL SCHOOL

STUDENT RECORD RELEASE FORM

To be given to applicant's current school.

Student Name _____ Birthdate _____ Grade _____

School Name _____ Address _____

City _____ State _____ Zip Code _____

Has my consent to release copies of all school records to St. John's Episcopal School.

The school is requesting:

- **Current report card, prior year's report card**
- **Standardized test scores—last two years**

Thank you for your prompt attention to this request.

I waive my right of access to any information deemed confidential in my child's file.

Parent/Guardian Signature

Date

Please return to the Office of Admission no later than January 15th