

TRANSCRIPT RELEASE FORM

Parent or Guardian: Please complete this form and forward to the present or last school in which your child has been enrolled.

Present or last school:

School Name: _____

School Address: _____

City, State, and Zip Code: _____

Permission is hereby granted for a copy of transcript showing current Grades, IQ and Achievement Test scores, psychological evaluations (if any), health records and other pertinent information from the student's permanent record.

For **Maryland public schools:** Also please include a copy of the individual results of the Maryland State Performance Assessment Profile. These are to be released to:

Forcey Christian School
Office of Admissions
2130 East Randolph Road
Silver Spring, MD 20904

Thank you for your cooperation and prompt assistance.

Date: _____

Student(s) Full Name: _____ Grade: _____

Student(s) Full Name: _____ Grade: _____

Student(s) Full Name: _____ Grade: _____

1. Parent(s) or Guardian(s) (PRINT): _____

Signature of Parent or Guardian: _____ Date: _____

2. Parent(s) or Guardian(s) (PRINT): _____

Signature of Parent or Guardian: _____ Date: _____