TRANSCRIPT AND RECORDS 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, confidential records (if applicable) 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: _____