

TRANSCRIPT REQUEST RELEASE FORM

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(To be completed and returned to St. Benedict School)

3100 Grove Avenue -- Richmond -- Virginia 23221

FAX (804) 254-9163

Date: _____

I hereby give permission to the Principal or any school personnel designated by

the Principal of _____ to release transcript of

(current school)

grades, test results, copies of medical records, including immunizations, confidential

records and any cumulative records you have which would enable us to assist

_____ in making the best progress possible.

(name of student)

Parent's Signature _____

Address _____
