TRANSCRIPT RELEASE AUTHORIZATION

Instructions to parents: Please complete the top portion of this form and ask the appropriate personnel at the applicant's current school to mail a copy of your child's complete transcript, as well as the enclosed evaluation form to:

St. Luke's Episcopal Day School
Attention: Admissions
8833 Goodwood Blvd.
Baton Rouge, LA 70806
(225) 927-8601 fax: (225) 928-2542

Student's Name:_____Applying to Grade:_____
Last First Middle

Current School:_____School Phone Number_____

Address:_____

I, the undersigned, authorize you to release to St. Luke's Episcopal Day School a **certified copy** of my child's **complete transcript (including grades, credits, and all standardized test results for the current year and two years prior).** I also authorize you to send all end of year scores immediately upon availability. I understand that the transcript, end of year scores, and the enclosed evaluation form becomes the confidential property of the school and **is not subject to parental review.**

Signature of Parent or Legal Guardian:_____ Date_____