Transcript Release Form

TO: _____
School
_____
_____

RE: _____
Name of Student
_____
Birthday

Authorization is hereby given those copies of the school records of the above-named student be sent to:

Arcadia College Preparatory School

Please send transcripts from the current year and the two previous years.

Please give this form to the school in which you are currently enrolled.

_____ _____

Signature of Parent or Guardian Date