

# School Records & Transcripts

## STUDENT RECORD RELEASE FORM

### To the Parent or Guardian:

Please fill in your child's name and grade, sign where indicated, and give this form to the records official at your child's current school.

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Student's Last Name

First Name

Entering Grade

### AUTHORIZATION STATEMENT AND SIGNATURE

I authorize \_\_\_\_\_ to release the information specified below to Trinity Baptist School.  
Name of School

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Signature of Parent or Guardian

Date

### To the School:

This student has recently enrolled at Trinity Baptist School.

Please send their academic records including the following information:

- \_\_\_\_\_ Scholastic records to date
- \_\_\_\_\_ Current transcript
- \_\_\_\_\_ Standardized test scores
- \_\_\_\_\_ Health and immunization records

Please send the records to:

**Trinity Baptist School**  
**280 Trinity Dr.**  
**Williston, VT 05495**

We appreciate your assistance. If you have any questions, please direct them to the school office at [schooloffice@tbsvt.org](mailto:schooloffice@tbsvt.org).