



Applicant full name: _____

Signature of parent or guardian indicates permission for the student's current school to release **grades, official transcripts, and any standardized and/or educational testing** which is included in the student's file.

Parent / guardian signature: _____ Date _____

Parent / guardian signature: _____ Date _____

The following is to be completed by a school official (Guidance Counselor, Principal, or Head of School):

Name: _____

Position: _____

Name of school: _____

Phone: _____

School address: _____

School official signature: _____ Date _____

IMPORTANT:

Parents, please be sure to provide a copy of this release form to your son's current school and have the school mail all materials to the Office of the Registrar at Trinity-Pawling School: 700 Route 22, Pawling, NY 12564.

Thank you for your assistance!

Trinity-Pawling School
Office of the Registrar
845-855-4815