



# Records Release Form

## To be Completed by Parent or Guardian

Dear Parent or Guardian:

In order to develop a clearer picture of your child's record of achievement, academic progress and personal potential and medical records, permission must be granted to request reports from the applicant's present school. Please complete the information below which will authorize the release of appropriate records to Trinity Academy.

**After signing this authorization form and submitting it to your child's current school, please return a copy to Trinity Academy.**

Thank you,

Joshua Krause  
Principal

Dear School Principal:

As parent or guardian of \_\_\_\_\_,  
I hereby authorize the release of all appropriate information concerning his/her academic, personal, and medical records to Trinity Academy. I understand that this information will be used in connection with application to Trinity Academy and will be held in strictest confidence.

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Parent or Guardian Signature

Date