



# TRANSCRIPT RELEASE FORM

**PARENTS, PLEASE GIVE THIS FORM TO YOUR CHILD'S CURRENT SCHOOL. RECORDS MUST BE SENT DIRECTLY FROM THE CURRENT SCHOOL.**

**I/We authorize the release of my/our child's:**

- Grades for the past two school years and the current school year
- Attendance and disciplinary records
- Aptitude and achievement test scores
- Immunization and medical records
- Interpretation of grading scales
- Current teacher recommendation(s)
- Psychological and special needs testing results

**If accepted, I/we authorize release of the full record when transfer occurs.**

**I/We authorize Visitation to contact schools and other sources to obtain information relative to my/our child's application. I/We will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made.**

Applicant's Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Applying for Grade: \_\_\_\_\_ Enrolling: \_\_\_\_\_

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_  
STREET CITY STATE ZIP

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

**STATE OF CONFIDENTIALITY:**

It is the policy of Visitation Academy that all information received regarding a candidate's application for admission will be treated with complete confidentiality. Only school personnel have access to this information and then only to the extent that the information is relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or to the applicant's family.

**Signature(s) of parents(s)/guardian(s):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send all information to: Visitation Academy  
Admission Office  
3020 North Ballas Road  
St. Louis, MO 63131  
Fax: 314-432-7210