



TRANSCRIPT RELEASE FORM

Please return this form with the Application for Admission.

Student's Name _____

Date of Birth _____

I hereby grant permission to Saint John's to secure information concerning my child's placement. Permanent records may be released upon enrollment at Saint John's. This includes transcripts, health records, test scores, and other pertinent information.

Signature of Student

Signature of Parent

Student's Home Address _____

Name of School _____

School Address _____

School Phone _____

School Fax _____