



# EPIPHANY EPISCOPAL SCHOOL

## STUDENT TRANSCRIPT RELEASE REQUEST

School Name \_\_\_\_\_

School Address \_\_\_\_\_

### Regarding:

Student Name \_\_\_\_\_ Present Grade \_\_\_\_\_

Student Address \_\_\_\_\_

Our child has applied to Epiphany Episcopal School for admission to the \_\_\_\_\_ grade for the term beginning \_\_\_\_\_.

Please release all records (including copies of complete transcript of grades, all standardized test scores, and any other pertinent information) concerning this student to:

**Epiphany Episcopal School  
Admissions Office  
115 Jefferson Ave.  
Danville, VA 24541**

**We also give permission for our child's teachers or school administrators to discuss our child directly with members of the Epiphany Episcopal School.**

I, \_\_\_\_\_ (parent or guardian), do hereby declare that I am legally responsible for the release of information concerning said student,

and I do hereby request and authorize \_\_\_\_\_ School to give in writing to Epiphany Episcopal School copies of all records pertaining to said student, upon receipt of this Release Request.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*