

Request for Students Records

To: _____

_____, a student in your school, has applied for admission to St. Thomas the Apostle School. In order to proceed with the application, a copy of this student's transcript is required, including: grades, teacher comments, standardized test results, health records, psychological testing, PPT evaluation materials and any other documents you deem appropriate. With this request, this student's parents/guardians are giving permission that these records be released by you. We would appreciate your thoughtful and prompt response to this request. *Thank you.*

To be completed by parent or guardian of applicant:

I hereby authorize a request for _____ School to send the information listed above regarding my child, _____ to:

St. Thomas the Apostle School
25 Dover Road
West Hartford, CT 06119
Attention: Diane Klingman, Director of Admissions
Phone: (860) 236-6257 Fax: (860) 236-8865

Date

Parent or Guardian Signature