



TRANSCRIPT RELEASE FORM

Parent or Guardian, please complete this form and **MAIL TO THE CURRENT OR LAST SCHOOL** in which your child has been enrolled. **DO NOT RETURN THIS FORM TO COVENANT DAY.**

Current or last school: _____
School Name

Street Address

City, State and Zip

Permission is hereby granted for a complete transcript showing all former and current grades, IQ and Achievement Test scores, psychological evaluations (if any), health records and other pertinent information from the student's permanent record to be released to:

Covenant Day School
Attn: Admissions Dept.
800 Fullwood Lane
Matthews, NC 28105

This information, once received by Covenant Day School, will be used by school personnel only for the purpose of identifying educational needs and providing services necessary.

Student's Name _____ Current Grade _____

Date _____

Thank you for your cooperation!

"... We are taking every thought captive to the obedience of Christ." II Cor. 10:5

Covenant Day School • 800 Fullwood Lane • Matthews, NC 28105 • 704.847.2385 • Fax 704.708.6137
www.covenantday.org