

TRANSCRIPT RELEASE FORM

To: Maur Hill - Mount Academy
1000 Green Street
Atchison, Kansas 66002
Telephone: 913.367.5482 Fax: 913.367.5096
www.mh-ma.com

MAUR HILL - MOUNT ACADEMY

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 from the past two school years and the current school year
- aptitude and achievement test scores
- interpretation of grading scales
- psychological and special needs testing results
- attendance and disciplinary records
- immunization and medical records to the schools indicated
- current teacher recommendation

If accepted, I/We authorize release of the student's full record.

I/We authorize the school(s) checked 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: _____
Month/Year

Current School: _____

School Address: _____
Street Address City State Zip

School phone: () _____ School fax: () _____

STATEMENT OF CONFIDENTIALITY:

It is the policy of Maur Hill - Mount Academy that all information received regarding a candidate's application for admission will be treated with complete confidentiality. Only authorized 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 parent(s)/guardian(s):

Signature Date

Signature Date