

REQUEST FOR STUDENT RECORDS

To the Parent or Guardian:

280 Trinity Dr.

Williston, VT 05495

Please fill in your child's name and grade, sign where indicated, and give this form to the records official at your child's current school.

Student's Last Name Grade	First Name	Entering	
AUTHORIZATION STATEME	NT AND SIGNATURE		
I authorize (name of school) _ to release the information spe	cified below to Trinity Baptist School.		
Signature of Parent or Guardi	an:	Date:	
Fo Current School: This student has registered for t	he 202 -202 school year.		
Please send their academic rec	ords including the following informatio	on:	
Records Should Include: Birth Certificate Current Grades and Sche Transcript Health Records Test Scores	□ Special Educe edule (with mo □ Guardianship □ Discipline Re	If applicable please include*: □ Special Education Records	
Please send the records to: Trinity Baptist School Attn: Administrative Assistant			

We appreciate your assistance. If you have any questions, please direct them to: Jennifer Hall, Administrative Assistant, at schooloffice@tbsvt.org or (802)879-9007