



OFFICE OF ADMISSION
7280 Frenchman's Bay
St. Thomas, VI 00802
340-776-1600 x 1701
FAX: 340-776-1019
admission@antilles.vi

TRANSCRIPT RELEASE

Authorization to Release Transcripts/School Records

Please sign and give this form to your child's *CURRENT or FORMER SCHOOL*.

To comply with the Family Educational Rights and Privacy Acts of 1974, the school requires documented permission to release educational records to other public or private schools in which the student seeks to enroll.

Applicant's Full Name

For Grade

Current School

Current Grade

As Parent/Guardian of the above named applicant, I hereby authorize his/her current or former school to release transcripts, records and reports from standardized testing, along with any other relevant materials about my child's academic, social-emotional development, including psychological testing and disciplinary records, to Antilles School.

I authorize the Director of Admission at Antilles School to communicate by telephone, fax transmission, email, or at the current or former school site, to obtain information about my child in his/her current school setting. I understand that this information will be considered confidential and will be used by the proper authorities of Antilles School for admission purposes only.

REQUEST TO THE SCHOOL: Along with the above-named information, would you kindly supply a copy of your School Profile, if available, to enable us to more accurately evaluate this candidate's academic standing. Thank you.

Parent/ Guardian Signature

Date

Parent/Guardian Signature

Date