



Transcript Release and Confidentiality Form

To the Parent/Guardian: Please fill out the information below, sign and date this form, and give it to your child's current school office with a stamped envelope addressed to *The Island School; 8553 NE Day Road; Bainbridge Island, WA 98110.*

Student's name _____ Current grade _____

To (name of current school) _____

For the student named above, I authorize the release of school records, including an official copy of all grades/grade reports issued during the time the student has been enrolled in your school, as well as the results of any academic or other testing. I also grant permission to speak with counselors, teachers and administrators. I acknowledge that I waive my right to read the confidential teacher evaluation.

Signature of Applicant's Parent or Guardian:

_____ Date _____

To the Applicant's Current School: Please forward this student's official school records for the time the student has been enrolled in your school. This should include all grade reports to date, attendance records, scores for aptitude/achievement tests, as well as any grade reports issued during this current school year. Please include a copy of this form with the information that is sent.

Thank you for your prompt attention. Please contact The Island School with any questions.