

REQUEST FOR TRANSCRIPTS

To the Parent/Guardian: Please complete this form and take it to the guidance office at the student's current school.

I hereby authorize _____
School Name

Address _____

City _____ ST _____ ZIP _____ Phone _____

to release the following information on:

(Student's Name) _____

to the Director of Admissions at The Robinson School.

Parent/Guardian Signature Date

TO THE GUIDANCE OFFICE: The above-named student has applied to The Robinson School. As requested by the parent/guardian, please release the following information to the Office of Admissions at The Robinson School.

- A complete transcript of grades and standardized tests results.
- Teacher/Principal Evaluations
- Special Education Information (i.e., I.E.P., psychological records, etc.)
- Discipline Records
- NCAA Initial Eligibility CLEARINGHOUSE Form (Post Graduate Athletes)
- NCAA 48-H Course Form (Post Graduate Athletes)
- Health and Immunization records.

Please send all applicable information listed above to:

The Robinson School
285 Union Avenue
Irvington, NJ 07111



THE ROBINSON SCHOOL