



TRINITY SCHOOL

A Place Where Children Learn to Love Learning

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Nurture

Explore

Imagine

Create

Achieve

Authorization for Release of Educational Records

Student's Name: _____

The student named above has applied for admission to Trinity School. Please forward records pertaining to this student for the current and past two academic years.

Please include records related to:

- Academic Performance
- Behavior/Discipline
- Attendance

Parent/Guardian Authorization

I hereby authorize to release my child's educational records to Trinity School.

Signature of Parent or Guardian

Relationship

Date