



## *Transcript Release Authorization*

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***Note to Parents: Please submit this form to your son's current school, not to Devon Prep.***

To be completed by parents:

Student's Name \_\_\_\_\_ Current Grade \_\_\_\_\_  
*Last First M.I.*

I/we request that our son's academic records be released to Devon Preparatory School. We consent to the release of any and all records, including, but not limited to, the records listed below.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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To School Office/Registrar:

The above-named student is an applicant to Devon Preparatory School. Please forward copies of the student's academic records, including:

- academic transcripts for the current academic year and the two previous academic years
- attendance records
- disciplinary records
- standardized testing
- independent assessments
- any records relating learning support programs or resources, individual education programs (IEP), or psychological/intelligence testing

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Please mail records to:

Office of Admissions  
Devon Preparatory School  
363 N. Valley Forge Road  
Devon, PA 19333

Name of Person Releasing Records \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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