

***Transcript
Release Form***



TO: _____
School

Address

RE: _____
Name of Student

Birthday

Authorization is hereby given those copies of the school records of the above-named student be sent to:

Excelsior School
41 W Santa Clara Street
Arcadia, CA. 91007

Please send transcripts from the current year and the two previous years.
Please give this form to the school in which you are currently enrolled.

Signature of Parent or Guardian

Date