

MONTROSE SCHOOL

Educating Women of Faith, Character & Vision

TRANSCRIPT RELEASE FORM

Please complete the following information and submit this form to your daughter's current school's office of academic records.

Name of school: _____ Phone number: (_____) _____

School address: _____

I hereby give permission for the school records of my daughter, _____, to be released as requested in the bottom half of this form and sent to Montrose School, 29 North Street, Medfield, MA 02052.

Signature of parent or guardian _____ Date: ____/____/____

An official transcript should include the following:

- **The grades for the current academic year-to-date and at least two preceding years**
- **All standardized test results on file**

In addition to the above student's academic performance, we request a brochure of your school describing the curriculum.

Please return completed form to:

ADMISSIONS OFFICE, MONTROSE SCHOOL