



REQUEST FOR TRANSCRIPT
PLEASE PRINT

PLEASE SEND ST. JOHN'S PARISH DAY SCHOOL A TRANSCRIPT PACKAGE
FOR THE CURRENT YEAR PRIOR TO FEBRUARY 1ST.

TO THE PARENT: PLEASE SUBMIT THIS FORM DIRECTLY TO STUDENT'S CURRENT SCHOOL AFTER THE FIRST MARKING PERIOD.

I / We _____ (NAME OF PARENT OR GUARDIAN) _____ HEREBY

AUTHORIZE _____ (CURRENT SCHOOL) _____ TO RELEASE THE RECORDS OF

_____ (NAME OF STUDENT)

TO: St. John's Parish Day School
9130 Frederick Road
Ellicott City, MD 21042

(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)

TO THE SCHOOL: THIS PACKAGE SHOULD INCLUDE

- GRADES AND COMMENTS FOR FIRST AND SECOND MARKING PERIODS
OF THE CURRENT ACADEMIC YEAR
- CUMULATIVE RECORD
- STANDARDIZED TEST RESULTS