

TRINITY

Lutheran School and
Early Childhood Center

40 W. Nicholai Street
Hicksville, NY 11801
Tel: 516-931-2211
Fax: 516-931-6345



TRANSCRIPT REQUEST

Dear Parents:

In order for us to gain a better understanding of your child's academic achievement and potential, we need to review records from your child's current school and any previous schools. Please complete this form with your child's school information. This will authorize the release of all your child's records to Trinity Lutheran. In addition, it will authorize school personnel at Trinity Lutheran to speak with school personnel at your child's current/previous school(s) if necessary. Please complete this form and return it to Trinity's Admissions Office, along with the completed Application for Enrollment. Thank you.

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Dear Principal:

Please release a copy of my child's academic, health, and psychological records for the past two years, including an IEP or 504 Plan, if any, to:

Director of Admissions
Trinity Lutheran School
40 W. Nicholai Street
Hicksville, NY 11801

Student Name: _____

Current Grade: _____

Grades (Years) Attended your School: _____

(Signature of Parent/Guardian) Date: