



5855 Riverside Dr. Atlanta GA 30327

404-847-0829 / 404-409-0827

www.trlanguages.com

Transcript Release Form

Applicant's name: _____ Date of Birth: _____

Dear Parents,

Your child's school records are an important source of information in the application process. In order to obtain these records, your written permission is necessary. Please sign and return this authorization form to the school in which your child is currently enrolled.

To the Principal or Head of _____

I hereby authorize you to release to Tabula Rasa the following information for:

_____ (Name of student)

Please mail or email the following information to Tabula Rasa:

- Full transcript of grades
- All test scores
- A copy of all student records, including health records
- Psychological and/or educational counseling information

Signature of parent or guardian

Date

Your earliest response will be appreciated.

Please mail to:

Tabula Rasa
5855 Riverside Dr.
Atlanta, GA 30327