



## Authorization for Release of Records

### To the parent/guardian:

Please complete this form, which will give permission for your child's previous or current school to release his/her student information to Trinity School.

School Name	Dates Attended MM      YYYY      THRU      MM      YYYY		
School Address	City	State	ZIP

I hereby give my permission to release information requested by Trinity School regarding my child.

Applicant First Name	Applicant Middle Name	Applicant Last Name	Applicant Nickname
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\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

### To the school:

Please be advised that this student is an applicant for admission to Trinity School. You will greatly assist this applicant and Trinity School by providing **COPIES** of the requested information as soon as possible. Information provided will be treated as confidential. Thank you!

- Transcripts
- Birth Certificate
- Attendance Records
- Immunization Records
- IEP and Meegs Report
- Discipline Records
- Psycho-educational testing or other testing available

### Please return this form and the requested documents to:

Trinity School Admissions

3200 N. Walker, Oklahoma City, OK 73118

Main Office (405) 525-5600 | Fax (405) 525-5602 | [admissions@trinityschoolokc.org](mailto:admissions@trinityschoolokc.org)