



218 N Lee Street, Suite 323  
Alexandria, VA 22314  
703-671-8316 (o)  
703-997-8438 (fax)

## TRANSCRIPT RELEASE FORM FOR GRADES 1 – 12

Most schools require written parental authorization before releasing transcripts. Your signature on this form will greatly facilitate our process. Please sign so we are able to obtain your child's transcript and testing information.

**School**

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Address	City	State	Zip
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The undersigned agrees that the information and materials provided to **Independent School Options** by the above named school shall become the property of **Independent School Options** and shall be completely confidential to the extent permitted by law.

Student: \_\_\_\_\_

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Signature of parent or guardian

Date

Please forward:

[ ] TRANSCRIPTS AND ALL RECORDS TO DATE

Please forward copies of current transcripts, previous year's transcripts and all standardized test scores on behalf of the above named applicant to:

**Independent School Options**  
218 North Lee Street, Suite 323  
Alexandria, VA 22314 Fax:  
703-997-8438

[www.independentschooloptions.com](http://www.independentschooloptions.com)