

TRANSCRIPT RELEASE FORM



Visitation School

Name of Applicant _____

Present School _____ Grade _____ Date _____

The above-mentioned student has applied to Visitation School.

I give permission to release the following information to Visitation about this student.

Parent Signature _____

PLEASE SEND PHOTOCOPIES* OF THE FOLLOWING INFORMATION:

- ☐ Academic grades from current school year
- ☐ Academic grades from two previous years (if applicable)
- ☐ Standardized test scores
- ☐ Attendance record

* Visitation does not accept original permanent files.

Your child's school should mail or email the above information to:

Visitation School
Enrollment Office
2455 Visitation Drive
Mendota Heights, MN 55120
Telephone: 651.683.1700 / Facsimile: 651.454.7144
enrollment@vischool.org