



Transcript Release Form

Please complete this form and take it to your daughter's school so that transcripts may be forwarded to us as soon as possible.

TO PARENT OR GUARDIAN:

This form will permit a request for records and comments that might be pertinent to your daughter's application to The Girls' School of Austin.

I/We hereby authorize _____
Candidate's Present School

School's Address

to release all transcripts for _____ to The Girls' School of Austin.
Candidate's Name

Signature of Parent/Guardian _____ Date _____

Thank you!

Please forward transcripts to:

The Girls' School of Austin

2007 McCall Road ★ Austin, TX 78703

Office: 512-478-7827 ★ www.thegirlsschool.org ★ FAX: 512-478-5456