

TRANSCRIPT RELEASE AUTHORIZATION

I hereby request and authorize the release of a copy of all school records, test scores and any other relevant record regarding the applicant's academic, social, and emotional development.

FOR		-	
Student's Name		Grade	
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1	O:	M 4 : (Cala and
	Prince of Peace I	viontessori	School
	625 Pike Street	1 44044	
	Covington, Kent		
	Fax: 859-291-86	32	
A	TTENTION: School	ol Office	
	dian responsible for	this studen	nd affirm that I am the t. I hereby authorize the ori School.
Date	S	ignature of	Parent
625 Pike Street	Covington KY	′ 4 1011	(859) 431-5153