



Parent Authorization for
the Release of School Records

Parent / Guardian: Please complete this form and send it directly to your child's present school.

Name of Applicant / Child

Date of Birth

Current Age

Current Grade

Name & Location of Current School

I give permission for you to you to release my child's Official School Transcript to:

University School of the Lowcountry
P.O. Box 665
Mt. Pleasant, SC 29465-0665

If you have questions, please contact us by phone, fax, or email:

843-884-0902 (main) 843-884-0905 (fax)
info@uslowcountry.org (or you can visit our website - www.uslowcountry.org)

Name of Parent / Guardian (Please Print)

Signature of Parent / Guardian

Date

To the School:

The child / student whose name appears on this form has applied for admission to University School of the Lowcountry. Please send to USL this student's Official School Transcript that includes:

- 1) Academic Performance (Classroom grades or evaluation)
- 2) Standardized Tests (Intelligence, Aptitude, Achievement)

Parental consent for the release of this information has been given above. Thank you for your assistance and cooperation.