

Transcript Request Form

Please complete this form and submit it to the school your student currently attends or has attended. We need a complete set of records from all school years beginning in kindergarten. The school(s) will forward records directly to Our Lady of Grace School.

| Studer | nt Name: |
|---------------------|---|
| Currer | nt Grade: Student Date of Birth: |
| I give p Office: | permission to release the following information to the Our Lady of Grace's Admissions |
| _X_ | Report cards |
| _X_ | Transcripts |
| _X_ | Standardized Test Results |
| _X_ | Attendance Records |
| _X_ | Behavior Records |
| _X_ | IEP/504/Learning Accommodation Plans |
| | |
| Signat | rure of parent/guardian: |
| Date | |

Admissions Office

Our Lady of Grace Catholic School 5071 Eden Avenue Edina, MN 55436