



Permission to Release Records

To the Parents:

Please complete this form along with your signature and send to your child's current school. A complete, official transcript is required prior to any student's consideration for admission to St. Stephen of Hungary School.

Name of Candidate: _____

Grade Applying to: _____

Name of Current School: _____

School Phone Number: _____

School Address: _____

I give permission to release a copy of the requested student record data.

Signature of Parent

Date

To the School:

The student named above is applying to St. Stephen of Hungary School. Please mail or email a copy of his/her school records, including all grade reports, standardized test scores, and developmental screening scores (if applicable) to St. Stephen of Hungary School (address listed below). All information will be treated confidentially and used only in the admissions process. Thank you.

admissions@saintstephenschool.org

or:

Attn: Admissions
St. Stephen of Hungary School
408 East 82nd Street
New York, NY 10028