

Records Release Form
TLC Academy 21512 NE 16th St. Sammamish, WA 98074

Name of Applicant: _____

Name of Current School: _____

Name of Teacher: _____

Address: _____

Phone Number: _____

To Applicant's School: Please release a complete transcript of classes or credits earned in the two previous years, all standardized test results and current grade to date.

To Applicant's Parents: Please sign this form to release records and return it to TLC.

I hereby give permission for the release of the information requested above and possible further contact with my child's teacher or school administration for the best possible placement of my child.

Parent/Guardian Signature: _____ Date: _____

School Registrar Signature: _____ Date: _____