

ST. ANDREW'S EPISCOPAL SCHOOL

# TRANSCRIPT RELEASE AUTHORIZATION

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TO: \_\_\_\_\_  
Current School

\_\_\_\_\_  
Street Address or P. O. Box

\_\_\_\_\_  
City State Zip

\_\_\_\_\_ is applying for admission  
to St. Andrew's Episcopal School. Please send a transcript of scholastic records and  
standardized scores at your earliest convenience to:

Office of Admission  
St. Andrew's Episcopal School  
370 Old Agency Road  
Ridgeland, MS 39157

I do not wish to review a copy of the record prior to its transfer.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date