



# COYLE AND CASSIDY HIGH SCHOOL

2 Hamilton Street, Taunton, MA 02780

(508) 823-6164

www.coylecassidy.com



## TRANSCRIPT RELEASE FORM

**To the Applicant:** Please fill out the first page of this form and give it to the person at your school who is responsible for preparing records (Principal, Guidance Counselor, Teacher). This form must be signed by a parent or guardian in order to give your school permission to send your transcript record.

Gr. 9  Gr. 10  Gr. 11  Gr. 12  (please check one)

Name \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_  
Number & Street

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

Name of Current School \_\_\_\_\_

### Transcript Release Statement:

My son/daughter applied to Coyle and Cassidy High School, and I desire that the school be fully advised of the information requested. I therefore respectfully request that you furnish his/her school records to include a transcript of his/her grades and to include any additional paperwork including but not limited to IEPs, 504 Plans, prescribed service plans, etc. and forward them directly to **Coyle and Cassidy High School, Attn: Admissions Office, 2 Hamilton Street, Taunton, MA 02780**. Please complete the enclosed report completely. I authorize school personnel to discuss my son's/daughter's school records with personnel from Coyle and Cassidy High School.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

School Official: Please keep this form for your records