

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Parents: Please complete and sign this form and then submit to your child's current school principal or counselor.

The following student has applied for admissions to The Episcopal School of Knoxville: Student's Name	
Applying to grade Student's date or	f birth
I hereby give permission to release copies of the abo	ve name student's cumulative records.
Signature of Parent or Guardian	Date
*Transcript of grades	
* Any available standardized testing	
* Psychological or Psychiatric Assessment	
Please return the following to:	
The Episcopal School of Knoxville	
Admissions Office	
950 Episcopal School Way	
Knoxville, TN 37932	

The Episcopal School of Knoxville admits qualified students of any race, religion, color, nationality and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, religion, color, nationality or ethnic origin in administration of its policies, scholarship and loan programs, and athletic or other school administered program.

Or fax to the attention of Alice Harris, Director of Admissions, 865.777.9034