

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 admission to The Episcopal School of K	Knoxville:
Student's Name:	
Student's Current School:	
Applying to Grade: Student's Date of Birth:	
I hereby give permission to release copies of the above named student's	s cumulative records.
Signature of Parent or Guardian:	Date:
Transcript of gradesAny available standardized testing scores/data	

- - Psychological or Psychiatric Assessment

Please return the following to:

The Episcopal School of Knoxville **Admissions Office** 950 Episcopal School Way Knoxville, TN 37932

Email or fax (865) 777-9034 to the attention of Corinne Mattern, Director of Advancement, cmattern@esknoxville.org

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, gender, religion, color, nationality or ethnic origin in administration of its policies, scholarship and loan programs, and athletic or other school administered program.