



# TRANSCRIPT RELEASE CONSENT FORM

1230A Big Bend Road, Ballwin, MO 63021 | 636.861.1901 | 636.861.2084 (fax)  
email: admissions@twinoaksschool.org | www.twinoakschristianschool.org

*\*\*Parents: For faster processing, send this form directly to the school from which you are requesting transcripts.\*\**

Date \_\_\_\_\_

I hereby give my consent for,

\_\_\_\_\_  
*Previous school name*

\_\_\_\_\_  
*Address*

to release to Twin Oaks Christian School, all records of my child(ren)

\_\_\_\_\_  
*Student's name*

including all grades, test scores, health records, and any other pertinent information.

\_\_\_\_\_  
*Parent/guardian signature*

\_\_\_\_\_  
*Date*

**\*Parents and Registrar:** Please note that TOCS *must* receive conduct/incident reports, if any, prior to enrollment.

## **REGISTRAR ONLY: Please complete and sign the form below and return with records**

The Safe School Act of the State of Missouri requires that discipline records be included with other documents.

Please indicate  that these records/materials are enclosed:

- Any grades this student may have attained while in attendance at your school (If semester/quarter grades were not completed, please send grades at time of withdrawal).
- Record of immunization and screening
- Standardized test scores
- Special education and/or Section 504 records (evaluations, IEP/IAP)
- Educational/psychological evaluation reports
- Any other pertinent information/documentation
- Conduct/incident reports

**Registrar:** Please indicate  if this student has A DISCIPLINE RECORD?  YES  NO

Please indicate if the student is PRESENTLY SUSPENDED OR EXPELLED.

Suspended until \_\_\_\_\_

Expelled \_\_\_\_\_ Effective Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone #

