



TRANSCRIPT AND TESTING RELEASE FORM

FORMAN SCHOOL

Office of Admission
12 Norfolk Road | P.O. Box 80
Litchfield, CT 06759-0080

Phone: 860.567.1802
Fax: 860.567.3501
admission@formanschool.org
www.formanschool.org

Please Note: This form should be forwarded to the Guidance Department of your CURRENT SCHOOL, not to Forman School.

Applicant's name _____
FIRST MIDDLE LAST

Name of current school _____

The student named above is a candidate for admission to Forman School. Please attach an official transcript that includes grades from the previous two years, as well as those from at least one marking period of the current academic year. In addition, please include any testing or diagnostic results if available.

The above-mentioned records are necessary so that we may process your application to Forman School. Without this information, your application is incomplete.

Parent's Authorization

I hereby authorize the school to release my son's/daughter's transcript, testing records, and diagnostic results if available to Forman School.

Name of parent or guardian _____
(please print)

Signature of parent or guardian _____

Mailing Address of parent or guardian _____
STREET

CITY STATE ZIP CODE COUNTRY