



Transcript Request Form

Parents:

Please complete, sign and submit this form to your child's current school.

Student Name: _____
Last First Middle

Current School: _____

Current Grade: _____ Date of Birth: _____

I request and authorize the release of school records, including a complete transcript (current and previous year's grades) and results of any standardized tests to Canterbury School of Florida.

I understand that the records are confidential.

Date Signature of Parent/Guardian

To the School Head or Registrar:

The student named above is applying to Canterbury School of Florida. To help us evaluate this student, please forward the student's transcript (a copy of current and previous year's grades) and standardized test results to us at your earliest convenience.

Thank you for your assistance.

Admissions Office
Canterbury School of Florida
990 62nd Avenue NE
St. Petersburg, FL 33702
Phone (727) 521-5903 Fax (727) 525-2545