



***Permission to Release Records***

To the Parents:

Please complete this form along with your signature and send to your child's current school. A complete, official transcript is required prior to any student's consideration for admission to St. Stephen of Hungary School.

Name of Candidate: \_\_\_\_\_

Grade Applying to: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

School Address: \_\_\_\_\_

**I give permission to release a copy of the requested student record data.**

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_

Date

To the School:

The student named above is applying to St. Stephen of Hungary School. Please mail or email a copy of his/her school records, including all grade reports, standardized test scores, and developmental screening scores (if applicable) to St. Stephen of Hungary School (address listed below). All information will be treated confidentially and used only in the admissions process. Thank you.

[admissions@saintstephenschool.org](mailto:admissions@saintstephenschool.org)

or:

Attn: Admissions  
St. Stephen of Hungary School  
408 East 82<sup>nd</sup> Street  
New York, NY 10028