



## TRANSCRIPT RELEASE FORM

Applicant's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Sending School Name: \_\_\_\_\_

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

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

### To Applicant

Please have a parent or guardian sign and date the spaces provided below before giving this form to a school official.

I authorize the release of the requested forms.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

### To Sending School Official

The named student is applying to Saint John's Preparatory School. We would appreciate receiving the following:

- Final or mid-term grades for the current term or current year
- Grades for the past two years
- All standardized test scores
- Recent teacher reports, if available
- A school profile, if available

These materials should be mailed or faxed to: Admission Office  
Saint John's Preparatory School  
PO Box 4000  
Collegeville, MN 56321  
Fax: 320-363-3322

**THANK YOU** for your assistance.

Director of Admission  
E-mail: [admitprep@csbsju.edu](mailto:admitprep@csbsju.edu)  
800-525-7737 or 320-363-3321