



TRANSCRIPT RELEASE FORM

[_____] RECORDS REQUESTED

DATE

PARENTS:

PLEASE COMPLETE THIS FORM AND RETURN TO MUS WITH THE ADMISSION APPLICATION FORM.

NAME OF APPLICANT _____

IS APPLYING FOR GRADE _____ AT MEMPHIS UNIVERSITY SCHOOL.

Permission is hereby granted for the release of the school records (including the most recent semester), standardized test results, and immunization record.

CURRENT SCHOOL INFORMATION

SCHOOL NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PRESENT GRADE OF STUDENT _____

I hereby certify that I am the parent/guardian of the above-named student.

PARENT OR LEGAL GUARDIAN

DATE

Please send the records to the following address:

ADMISSIONS OFFICE
Memphis University School
6191 Park Avenue
Memphis, TN 38119
(901) 260-1300