



EPISCOPAL
COLLEGIATE SCHOOL

REQUEST FOR RECORDS

Please submit the completed form to your child's current school.

As parent or guardian of _____, whose
Name of student

date of birth is ____ / ____ / ____ , I give my permission to release his/her records

to Episcopal Collegiate School. Please include the following items:

___ Official Academic Record
(minimum two years)

___ Birth Certificate

___ Standardized Test Scores

___ Immunization Records

___ Grades Current to Withdrawal

Parent or Guardian Signature

Date

____ / ____ / ____

Please mail or fax records to:

Admission Office
Episcopal Collegiate School
1701 Cantrell Road
Little Rock, AR 72201
(501) 372-1194 Fax (501) 372-2160

School currently attending:

Name of School

Address

City, State, ZIP

Telephone

Fax