



**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 Record

\_\_\_ Grades Current to Withdrawal

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please mail or fax records to:

**Lower School Admission Office**  
**Episcopal Collegiate School**  
**1701 Cantrell Road**  
**Little Rock, AR 72201**  
**(501) 372-1194 Ext. 2306**  
**(501) 907-2293 Fax**

School currently attending:

\_\_\_\_\_  
*Name of School*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, ZIP*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Fax*