



# ST. THOMAS MORE SCHOOL

45 Cottage Road  
Oakdale, Connecticut 06370  
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## Transcript/Testing Release Form

Student name \_\_\_\_\_ Birth date \_\_\_\_\_

School \_\_\_\_\_

School address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### A note to Parent's/Guardians:

This form should be submitted to your son's current school to authorize the release of school records. Without this information, your son's application will remain incomplete.

### Parent Authorization

I hereby authorize the school to release my son's transcript, testing records and diagnostic results to St. Thomas More School.

Date \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

### Attn: Guidance Counselor/Registrar

Please attach an official transcript, which includes current grades, for the above-named student who has applied for admission to St. Thomas More School.

In addition, please include any standardized testing results or diagnostic results, if available.

Send copies of these materials to:

#### St. Thomas More School

Attn: Admissions Office  
45 Cottage Road  
Oakdale, CT 06370

Or

Email to [admissions@stmct.org](mailto:admissions@stmct.org)