



**INCARNATION PARISH SCHOOL**

123 W. Glenoaks Blvd.  
Glendale, CA 91202

P 818.241.2269 F 818.241.4734

www.incaschool.org

**TRANSCRIPT REQUEST FORM**

**To the Parent:** *Please complete this form and forward to applicant's current school.*

**PLEASE PRINT**

Student's Name \_\_\_\_\_  
Last First Middle

Student's Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_  
(month/day/year)

Present School \_\_\_\_\_

School Address/City/State/Zip \_\_\_\_\_

**PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

*I hereby authorize the administration of my student's current school to release to Incarnation Parish School copies of all school records, standardized testing results, and any other developmental information regarding the above-named student.*

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please send copy of:**

- **Transcripts**
- **California School Immunization Record**
- **Any Educational Assessments Available**
- **Confidential Report Form**

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To expedite delivery, the above listed documentation maybe faxed to (818) 241-4734.