



TRANSCRIPT/SCHOOL RECORDS RELEASE FORM

TO THE STUDENT APPLICANT: With your parents, complete the *Permission to Release* portion of this form. Then, give this form to your academic advisor, guidance counselor, or head of school. He or she should send completed transcript release to TADS Admissions and Enrollment via fax to **612.548.3323** or via postal mail to **110 N 5th St. Second Floor, Minneapolis, MN 55403**. If you need assistance uploading this form please contact the admissions office at admissions@alzarschool.org.

Permission to Release Transcript/School Records

Student's Name: _____ Date of Birth: ____/____/____

Social Security Number: _____

Current School: _____ Dates Attended: _____

School Address: _____

I hereby give permission for the release of all appropriate transcripts and school records. Please send the materials directly to the Alzar School with this form.

Parent/Guardian Signature: _____ Date: _____

Student Applicant Signature: _____ Date: _____

TO THE ADVISOR, GUIDANCE COUNSELOR, OR HEAD OF SCHOOL: The student named above is applying for admission to the Alzar School (www.AlzarSchool.com), a semester leadership program based in Cascade, Idaho that offers a challenging, college-preparatory curriculum featuring expeditions around the US and to Chile. Please release and forward official copies of all appropriate school records for the student named above, who is applying for admission to the Alzar School, including past academic records/transcripts and current year grades.

The Alzar School is for motivated students and **is not appropriate for students experiencing emotional, behavioral, or academic issues**. We are seeking self-disciplined, motivated, community-minded students who are eager to work hard, both within and outside the classroom. With this in mind:

Does this student have a history of emotional, disciplinary, or academic difficulties?* Yes No

Has the student ever been separated (suspended, dismissed, etc.) from your school?* Yes No
(if yes, please explain on a separate sheet)

Check this box if you would like us to contact you directly about this applicant.

Please return this form as soon as possible, as admission is competitive. Please send completed recommendation to *TADS Admissions and Enrollment* via fax to 612.548.3323 or via postal mail to 110 N 5th St. Second Floor, Minneapolis, MN 55403. Your comments will be held in confidence. Thank you.

School Official's Name: _____ Position: _____

School Telephone: _____ Email address: _____

Signature: _____ Date: _____