



Parent Authorization for  
the Release of School Records

**Parent / Guardian:** Please complete this form and send it directly to your child's present school.

---

Name of Applicant / Child

---

Date of Birth

Current Age

Current Grade

---

Name & Location of Current School

**I give permission for you to you to release my child's Official School Transcript to:**

University School of the Lowcountry  
P.O. Box 665  
Mt. Pleasant, SC 29465-0665

If you have questions, please contact us by phone, fax, or email:

843-884-0902 (main) 843-884-0905 (fax)  
info@uslowcountry.org (or you can visit our website - [www.uslowcountry.org](http://www.uslowcountry.org))

---

Name of Parent / Guardian (Please Print)

---

Signature of Parent / Guardian

---

Date

**To the School:**

The child / student whose name appears on this form has applied for admission to University School of the Lowcountry. Please send to USL this student's Official School Transcript that includes:

- 1) Academic Performance (Classroom grades or evaluation)
- 2) Standardized Tests (Intelligence, Aptitude, Achievement)

Parental consent for the release of this information has been given above. Thank you for your assistance and cooperation.