

**TRANSCRIPT RELEASE FORM
DOCUMENTS DUE FEBRUARY 1st**



Student's Name _____
Last First Middle

Date of Birth _____ Current Grade _____

Parents: Your signature below authorizes the release to Mustard Seed School of transcripts, standardized testing, medical records, and any other pertinent information about your child.

Parent's Signature: _____ Date: _____

School Personnel: Please call the Admissions Office at 201.653.5548 should you have any questions.

Transcripts and other school documents may be mailed or emailed using the contact information below:

Ms. Imaani F. Sanders
Director of Admissions & High School Guidance
Mustard Seed School
422 Willow Avenue
Hoboken, NJ 07030

isanders@mustardseedschool.org

***Please do not send this form back to Mustard Seed School.
This form is intended for the applicant's current school.***