



**CHURCH OF THE INCARNATION CATHOLIC SCHOOL  
TRANSCRIPT RELEASE FORM**

**Parents: Please complete this form and return to Incarnation Catholic School  
with the Application for Admission.**

\_\_\_\_\_ is applying for grade \_\_\_\_\_ for school year \_\_\_\_\_  
*Name of Applicant*

Permission is granted for the full and complete release of the  
applicant's academic and disciplinary records, transcripts (including the most recent report card and  
standardized test results), immunization records and any special testing results.

**Please send immediately upon receipt of this letter.**

Current School Information

School Name \_\_\_\_\_

Contact \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Present Grade of Student \_\_\_\_\_

I hereby certify that I am the parent/guardian of the above named student.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

Registrar: Please send records on the above student to:

Admissions Office

**ATTN: Karen Miranda**

Incarnation Catholic School

360 Bray Station Road

Collierville, TN 38017

Phone: 901.853.7804 Fax: 901.850.2699