



## SCHOOL RECORDS REQUEST

### PART I

#### Parent or Guardian

1. Please complete PART I of this form
2. Please present this form to the principal or guidance director of the student's present school to complete PART II

Student's Name \_\_\_\_\_ Present Grade \_\_\_\_\_

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

Address \_\_\_\_\_

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

The above named student is in the process of making an application to Trinity School at River Ridge. Please release all records that are requested by the school to the admissions office at Trinity School.

Thank you for your cooperation.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### PART II

#### Principal or Guidance Director of the Student's Present School

Please mail the following to: **Trinity School at River Ridge, 601 River Ridge Parkway, Eagan, MN 55121-2499.**  
**Phone: 651-789-2890 Fax: 651-789-2891**

1. A complete transcript of credits, showing all credits earned and grades received.
2. Attendance, tardiness, discipline and health records.
3. Results of all standardized test taken, including such things as IQ tests, Metropolitan Achievement Tests, etc.

Thank you for your prompt consideration of this request.

Mrs. Julie Schnell  
Director of Admissions