

LINCOLN SCHOOL

PROVIDENCE

Transcript Release

Applicant's Name: _____

To: Parent/Guardian

Please sign in the space below and submit this form to your school principal or guidance counselor after the first assessment period of the current school year.

I authorize the release of the requested information to Lincoln School.

Signature of parent or guardian

Date

To: School Registrar

The above student is applying to Lincoln School. Please submit the student's complete academic record including current grades and transcripts for the past 2 ½ years, standardized test results, and neuro-psychological evaluations or individualized educational plans, if applicable.

This material can be scanned and emailed to: admission@lincolnschool.org

or

mailed to:

Lincoln School
Admission Office
301 Butler Avenue
Providence, RI 02906

Please contact Lincoln School Admission Office with any questions at (401) 331-9696 x3157.

Thank you for your assistance.