

Talcott Mountain Academy of Science, Mathematics & Technology
Montevideo Road
Avon, CT 06001

Release Form for Student Transcripts

Date: _____

I authorize the _____
to release the following information to the Talcott Mountain Academy of Science,
Mathematics and Technology.

_____ Academic Transcripts (Test scores, grades) –copies

_____ Health Records-copies

_____ Psychological Reports-copies

_____ Discipline Reports-copies

Student Name

Present Grade Level

Parent Signature

Address

City, State, Zip