

# Red Cedar School

P.O. Box 393 · 246 Hardscrabble Road · Bristol, VT 05443  
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## Request for Transcripts

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### To the Student's Parent or Guardian:

Please sign the release below and send this request to your child's current school.

I give permission to \_\_\_\_\_ to release copies of the records of  
(school name)

my son/daughter, \_\_\_\_\_, to Red Cedar School, including a  
(student's name)

transcript of his/her academic records, health records, psychological reports and any

other pertinent records.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### To School Personnel:

The above student has transferred to the Red Cedar School. Please send records including an academic transcript, health records, psychological reports and any other pertinent records. Thank you for your assistance.

### Please send to:

Guidance  
Red Cedar School  
P.O. Box 393  
Bristol, VT 05443