



**Tesseract School**  
*Engaging Minds. Inspiring Dreams.*

## ***Transcript Release***

Parent:

After completing and signing this form, please submit it to the registrar's office at your child's current school. This will allow us to receive a copy of your child's transcripts.

I grant permission for a COPY of my child's transcripts to be sent to Tesseract School.

Child's name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Birthdate Grade

Signature of parent or guardian: \_\_\_\_\_

### **Attention: Records/Transcript Office**

The above named child has applied to Tesseract School. Please mail or fax COPIES of transcripts, report cards, standardized test scores and medical/immunization records to:

**Tesseract School  
Admissions Office  
4800 East Doubletree Ranch Road  
Paradise Valley, AZ 85253  
Phone 480.991.1770 • Fax 480.991.1954**

Please be sure all photocopied transcripts are legible. Thank you for your help.