Link Community School
120 Livingston Street
Newark, New Jersey 07103
Phone: 973-642-0529
Fax: 973-642-1978

Transcript Release Authorization

To: School Guidance Counselor/Registrar

RE: _____
Applicant's Name

_____ _____
Current School Grade

To the Parents/Guardians:

Please sign this form and submit to your child's current school guidance counselor so that the school may release a copy of your child's transcript to Link Community School.

To the School:

As part of the Link Community School application process, the following student is required to submit academic records and standardized test scores in order to be considered for acceptance. We thank you in advance for your cooperation.

Please provide copies of the ACADEMIC RECORDS and the results of STANDARDIZED TESTING, including educational /psychological evaluations in a sealed envelope no later than March 14, 2008 to:

Link Community School
Admission Office
120 Livingston Street
Newark, NJ 07103

I hereby authorize the release of these records to Link Community School.

_____ _____
Signature of Parent/Guardian Date