



Saint Thomas the Apostle School

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Adam C. Biggs, Principal  
[abiggs@stthomas-school.org](mailto:abiggs@stthomas-school.org)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: TRANSCRIPT RELEASE

DATE: \_\_\_\_\_

\_\_\_\_\_  
STUDENT'S NAME DATE OF BIRTH

Has applied to our school. Would you please forward:

- A copy of the scholastic record including ongoing grades from the last marking period
- Standardized testing data to include New York State tests, if applicable
- Health and immunization records
- Psychological (CONFIDENTIAL)
- Individual Education Program and/or 504 Plan (CONFIDENTIAL), if applicable
- Evaluations performed by the school and/or district whether or not it resulted in the creation of an IEP and/or 504 Plan (CONFIDENTIAL).

Thank you in advance for your cooperation.

Sincerely,

Adams C. Biggs  
Principal

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In compliance with New York State law, I hereby give permission to Saint Thomas the Apostle School to obtain/send cumulative records for transfer and registration purposes.

\_\_\_\_\_  
PARENT SIGNATURE DATE

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

