



COMENIUS

School for Creative Leadership Dallas

TRANSCRIPT REQUEST FORM

Name of Student: _____
Last First Middle

Former School: _____

Address: _____

City: _____ State: _____ Zip: _____

The student listed above has registered at the Comenius School for Creative Leadership Dallas. Please release a transcript of all courses, grades, credits, standardized test scores, as well as immunization and attendance records if available. A copy of the grading scale and a counselor's name and phone number are also requested.

Please send information to: Comenius School for Creative Leadership Dallas
4307 Alpha Road
Dallas, TX 75244

If desired, you may scan the records to info@cscldallas.com. Thank you for your assistance!

Consent for release of information to Comenius School for Creative Leadership granted by:

Signature of Parent or Guardian

Date