



P A R K C I T Y  
D A Y S C H O O L

## REQUEST FOR THE TRANSCRIPT OF RECORDS

To: \_\_\_\_\_  
(School Name)

I, \_\_\_\_\_ hereby give my permission for your school to send all school records, including but not limited to, standardized test scores, report cards, immunization records, psychological reports and special education records on my child(ren) \_\_\_\_\_  
\_\_\_\_\_ to **Park City Day School**. I also give Park City Day School my permission to speak to any staff of teachers at your school regarding my child(ren).

If you have any questions, please contact Diana Kaps at 435.649.2791.

\_\_\_\_\_  
Parent Signature

### **PLEASE RETURN COMPLETED RECORDS DIRECTLY TO:**

**Park City Day School  
3120 Pinebrook Road  
Park City, UT 84098  
Attn: Admissions Office**

**Phone: 435.649.2791  
Fax: 435.649.6759  
Email: [admissions@parkcitydayschool.org](mailto:admissions@parkcitydayschool.org)**