



Records Release

Parents: please sign in the space provided and then submit this form Trident Academy.

Applicant's name _____

Current Grade Level _____

I consent to the release of my child's records to Trident Academy.

Signature _____
Parent or guardian

Date _____

To School Registrar:

The above named student is applying for admission to Trident Academy. Please forward school transcript, including course titles, grades earned, and standardized test results from the current academic year and three previous years to

Admissions Office
Trident Academy
1455 Wakendaw Road
Mt. Pleasant, SC 29464

FAX (843) 884-1483