

TRANSCRIPT RELEASE FORM



Student: _____

Date of birth: _____

The student listed above has applied for admission to The Academy. In order to determine this student's eligibility for admission, please send a copy of his/her transcript and academic record to date. Include work in progress and any available test data you may have on file. Thank you for your prompt assistance in this matter.

School presently attending:

Name

Address

Phone

Please forward records to:

The Academy
2722 Benvenue Avenue
Berkeley, CA 94705

I hereby consent to the release of my child's school records to The Academy.

Parent or Guardian signature

Date