



REQUEST FOR TRANSCRIPT

To Applicant:

Please complete the top portion of this authorization form and deliver it to your current school.

Student's name: _____ Current Grade Level: _____

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to Trinity Academy of all educational records about the above-named individual who is applying to Trinity Academy.

Parent/Guardian Signature: _____ Date: _____

To Principal or Registrar,

The above named student has made application for admission to Trinity Academy. Please send us either by mail or by fax the following documents:

- A transcript of the student's record to date, including courses in progress
- A copy of the most recent standardized test scores (within the last year)

These forms may be mailed to: Trinity Academy, Admissions Office
12345 E. 21st St. N.
Wichita, KS 67206

Or

Faxed to: 316-634-0928
Attention: Admissions Office

If this student is admitted to Trinity Academy, a request for a final transcript will be made at the end of the school year. Please hold this authorization form on file so that a second form will not be necessary.

Thank you for your assistance and cooperation.
Middle School: 316-630-8244
High School: 316-634-0909