



REQUEST FOR TRANSCRIPT

To Applicant: Please complete the top portion of this authorization form and deliver it to your current school. Leave this form with your current school's registrar or counselor.

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 fax or mail 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)
- A copy of the student's most recent progress report/ grades

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

OR

**Faxed to: 316.634.0928
Attention: Admission 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!