



Academy By The Sea Request for Transcripts

Date: _____

Student Name (please print)

Last _____ First _____ Middle _____

Date of Birth: _____ Telephone: _____ Email: _____

Special Action or Handling Requested (i.e. change of grade, hold for final grade):

Send Transcripts To: _____
Name of School

Attention: _____

Address

Number of Copies: _____

Date Desired: _____

The official school transcript contains the following:

Personal Information (i.e. name, date of birth, gender, enrollment date)

Course Information (i.e. courses completed, grade earned, date of course completion, and credits earned if applicable)

IMPORTANT NOTE

Transcripts contain confidential information that can only be released with the permission of an adult, 18 years of age or older. Students younger than 18 require the permission of a parent/guardian.

The signature below authorizes the school to release the student's transcript to any school the student or parent requests.

Signature of parent/guardian
or student (if 18 or older)

Date

Relationship to student