



Academy of the Holy Names

TO BE, RATHER THAN TO SEEM

Transcript Request Form

Parents:

Please complete, sign and submit this form to your child's current school.

Student's Name: _____
Last *First* *Middle*

Current School Grade: _____

Grade Applying to: _____

I request and authorize the release of school records, including a complete transcript (current and previous year's grades) and results of any standardized tests to the Academy of the Holy Names. I understand that the records are confidential.

Date

Signature of Parent/Guardian

To the School Head or Registrar:

The student named above is applying to the Academy of the Holy Names. To help us evaluate this student, please forward the student's transcript (a copy of current and previous year's grades) and standardized test results to us by **January 6, 2018** (for applicants to grades 1-12).

Thank you for your assistance.

Admissions Office
Academy of the Holy Names
3319 Bayshore Boulevard
Tampa, Florida 33629

813-839-5371
813-839-1486 (fax)