



SAINT FRANCES ACADEMY

STUDENT TRANSCRIPT AND RECORDS RELEASE FORM

Dear Principal/Counselor:

The below named student is in the process of applying for enrollment at Saint Frances Academy. As denoted below by the parent/guardian signature, we request a copy of the student's transcript and school records be sent to our Office of Admissions at the address or fax number below. Please include all grade reports including grades for the most recent marking period, the student's attendance, all standardized test scores, any IEP or 504 plan records (if applicable), the student's immunization records and any other academic information.

Please mail or fax a copy of the student's records to:

**Office of Admissions
501 E. Chase Street
Baltimore, MD 21202
(410)685-2650 fax**

I authorize the release of a copy of the transcripts/records for

STUDENT NAME: _____

LAST

FIRST

MIDDLE

LAST GRADE COMPLETED _____ SCHOOL _____

to Saint Frances Academy to complete the school's registration and enrollment process.

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Email: _____ Mobile: _____