

TRANSCRIPT RELEASE FORM

Applicants, please complete the top half of this form and submit to your current school.

Student's full name _____

Address _____

City, State, Zip Code _____

Phone _____

Name of current school: _____ Applying For Grade: _____ Present Grade: _____

I am the parent/legal guardian of the above student and hereby consent that her official transcript be sent to St. Cecilia Academy.

Parent/Guardian Signature

Date

Dear school administrator,

St. Cecilia Academy is pleased to inform you that the student named above is completing an application to St. Cecilia Academy for the upcoming school year. Please accept this form as a request to release a copy of her official records.

Within two weeks of receipt, please provide St. Cecilia Academy with the student's official transcripts, standardized test scores, most recent semester grades or quarter grades (as applicable) and any other valuable information that would assist us as we execute the admissions process.

Thank you for your assistance.

Official transcripts can be sent to:

St. Cecilia Academy
Director of Admissions
4210 Harding Pike
Nashville, TN 37205
Fax: 615.783.0561

4210 HARDING PIKE
NASHVILLE, TENNESSEE 37205
P. 615.298.4525 F. 615.783.0561

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ACADEMY**

