



Saint Rose Academy

6218 Hospital Way, Douglasville, GA 30134
770-882-3049 or www.SaintRoseAcademy.net

Request for Release of Transcript: 2011-2012

Part I *(Parent/Guardian please complete)*

I authorize _____ to furnish the information requested by
Saint Rose Academy for the student listed below:
Name of current school

Student Name _____
Please Print Name

Current Grade _____

Student's Birth date _____

Parent/Guardian Name _____
Please Print Name

Parent/Guardian Signature _____ Date _____

Part II *(Please take this form to your child's current school and have a school representative complete & return to Saint Rose Academy)*

Name of School _____

School Address _____ City _____

State _____ Zip _____ Phone _____ Fax _____

School Office Personnel: Please mail the following information to the Admissions Office of Saint Rose Academy within ten business days of receipt.

- Date of entrance
- Date of withdrawal
- Report Cards
- Key to your grading system
- Standardized and IQ test scores
- Psychological testing records and reports
- Special education reports and files
- Health records and immunization forms
- Personal and disciplinary records and reports
- Records from previous schools attended

If the student left before the close of the grading period please list the subjects he or she was taking and the grades for that grading period to the date of withdrawal.