



REQUEST FOR TRANSCRIPT/RECORDS
Request for permission to release school records

Student Name: _____

Date: _____

Date of Birth: _____

Current Grade: _____

TYPE OF RECORDS REQUESTED:

Official Transcript in sealed envelope
(Middle School Students Only)

Current Report Card

Standardized Test Scores

Previous Report Card(s)
Grade Level(s): _____

TO BE RELEASED TO:

Student

Pick up by parent

Mail to: _____

Fees: First copy of records is free. Fees for additional copies are as follows: \$5.00 for Official Transcripts and \$1.00 per page for report cards and test scores. Fees must be paid by check, money order or online prior to processing request for records. No checks accepted after May 1st.

Records released to the person or agency listed above are not to be released to another person or agency without the written consent of the parent, legal guardian or legal age person.

Parents, legal guardians, or legal age students may request a copy of the records being released as specified above; however, if copies of records are released to them, Franklin Academy is relieved of responsibility for confidentiality of those records.

I consent to the release of those records as indicated above.

Signature: _____

Phone: _____

Print Name: _____

PLEASE ALLOW UP TO 3 BUSINESS DAYS TO PROCESS THE REQUEST

For Office Use Only

Date Received: _____

Delivered to: _____

Date Sent: _____

Processed by: _____