

## Transcript/Record Release

(Use this form if you want us to send your transcript &/or records)

I authorize the release of the Mount Sophia Academy transcript for

\_\_\_\_\_  
(student's name)

To the following schools or agencies:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\* *Initial here if you want the entire records sent:* \_\_\_\_\_

Send to: \_\_\_\_\_

**Signed:** \_\_\_\_\_

(student's signature if over 18)

**Parent's Signature:** \_\_\_\_\_

(if student is under 18)

Allow 3 weeks for the transcript to be sent. If you require a rush transcript (less than 3 weeks, please include \$20.00.)

\* Please note that records will not be released until all balances have been paid.