



# Request for Transcript

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear Parent/Guardian,

Please sign this consent form and forward it to the person at your child's present school who completes records (ex: Principal, Guidance Counselor or Teacher).

I hereby grant permission for \_\_\_\_\_ to forward  
*Name of Current School*  
copies of the following information contained in the school records of:

\_\_\_\_\_  
*Name of Applicant*

- **Transcript of final grades from previous school year**
- **Grades to date for the current school year**  
*(must include at least first quarter)*
- **Recent standardized test scores**
- **A copy of any IEP or 504 plan** *(if applicable)*
- **Other:** \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

Dear Principal, Guidance Counselor or Teacher,

Please mail this information to:

**Director of Admissions  
Presentation of Mary Academy  
209 Lawrence Street  
Methuen, Massachusetts 01844**

Thank you for your attention to this matter.