TRANSCRIPT REQUEST FORM

To Whom It May Concern:

I give Mount Mercy Academy permission to request and receive the following Information:

- Academic transcripts
- Health record
- Regent scores
- Science labs
- IEP or 504 plan
- Any other important information that is needed to complete my daughter’s acceptance into Mount Mercy Academy.

____________________________________
Print Student’s full name

____________________________________
Print Parent/Guardian full name

____________________________________
Parent/Guardian signature