



## TRANSCRIPT REQUEST FORM

To Whom It May Concern:

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

- Academic transcripts
- Most recent Report Card
- 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.

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Print Student's full name

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Print Parent/Guardian full name

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Parent/Guardian signature

**\*\* Please forward student records to Mount Mercy's Director of Admissions, Tina Webster at [twebster@mtmercy.org](mailto:twebster@mtmercy.org) or fax to 716-825-0976.**