



## TRANSCRIPT RELEASE FORM REQUEST FOR STUDENT RECORDS

### AUTHORIZATION FOR TRANSCRIPT AND ALL RECORDS CONCERNING:

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_

Send to:

Grades 7-12  
Sacred Heart Academy  
316 E. Michigan  
Mt. Pleasant, MI 48858  
(989)772-1457

Grades K-6  
Sacred Heart Academy  
200 S. Franklin  
Mt. Pleasant, MI 48858  
(989)773-9530

Release from: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School Name and Address

I hereby give the above school permission to release all records for my son(s)/daughter(s) to Sacred Heart Academy.

Parent Signature: \_\_\_\_\_

\*This release includes and applies to educational records including medical, psychological testing, and behavior records, which are available. Also, please sign below to confirm that this student has not been penalized by a former school due to a "Weapons in Schools" infraction.

Parent Signature: \_\_\_\_\_

No "Weapons in Schools" infractions

Signature: \_\_\_\_\_

School Authorization confirming "No Weapons in Schools" infractions