

ELEMENTARY - REQUEST FOR TRANSCRIPT

Completed by Parent/Guardian:

The following student has applied for admissions to Lipscomb Academy. As their parent/guardian, I authorize release of their transcript to be used by Lipscomb Academy in their admissions procedure. Thank you.

Student's full name:				
Current grade:	Date of Birth:			
Parent/Guardian Signature:		Date:	Date:	
Lipscomb Academy Use Onl Please release an unofficial coavailable, the following inform	ppy of the above student's tr	ranscript to be used in our admissions proce	ss. If	
Transcript of al	l work including a copy of a	a current report card.		
• Withdrawal gra	ndes for subjects in progress	S.		
All pertinent di	sciplinary records.			
• Immunization a	and health records.			
All available tes	st scores (standardized test	ing).		
All special educ	cation records or psychologi	ical testing.		
Grading scale if	numerical scale is used.			
Sending counselor:		Date:		
Contact Info: Lipscom	ıb Academy			

615.966.7624 Fax

Attn: Jennifer Green - Elementary Admissions

4517 Granny White Pike Nashville, TN 37204 615.966.6320 Phone