



TRANSCRIPT AND RECORDS REQUEST

Dear Parents: Please complete the form below and return it to the Office of Admissions at Nansemond-Suffolk Academy as soon as possible. We will use this form to obtain your child's records from his/her current school. No admissions decisions can be made until we have received the records, so your prompt attention is appreciated.

Name of Student

Current Grade

Address

City, State, Zip

School Currently Attending

Principal or Guidance Counselor

School Address

City, State, Zip

School Phone Number

AUTHORIZATION

I hereby authorize _____ to release the
Name of Current School

cumulative record, standardized test data, health record and immunization data, student confidential records, psychological reports, and other pertinent information for

Name of Student

Parent's or Guardian's Signature

Date

Dear Registrar: Please send the cumulative record, including grades for the current school year, standardized test data, health record and immunization data, student confidential records, psychological reports, and other pertinent information for the student named above to Nansemond-Suffolk Academy as soon as possible. Thank you!

**Send to:
Office of Admissions
Nansemond-Suffolk Academy
3373 Pruden Blvd.
Suffolk, Virginia
23434
FAX 757-934-1830**