



RAMALYNN ACADEMY

TRANSCRIPT RELEASE FORM

Name of Child

I grant permission to the proper authorities at _____
Name of Former School

to release a copy of the following parts of my child's record to the Admissions Office of Ramalynn Academy:

- Educational records from current school
- Educational records from three previous years, if applicable
- Standardized testing scores
- Attendance record
- Health data at end of year
- Teacher and/or counselor observations and comments
- Record of extracurricular activities

Parent's Name: _____ Signature*: _____

Address of Former School: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Email: _____

Name of Teacher making Transcript Release Request

Date

Please scan and email the above records to:

8800 Queen Avenue S • Bloomington, MN 55431 • office@ramalynn.org • (952) 921-6500