



# Transcript Release Authorization Grades 6-8

## SHADY SIDE ACADEMY

### Dear Parents:

As a final step, we need to obtain your child's official transcript and records. Most schools require written authorization before releasing this information so please complete the information below and submit this form to **your child's school**. Receipt of these documents is necessary prior to the start the school year.

Applicant's Name: \_\_\_\_\_

Current School: \_\_\_\_\_

The undersigned agrees that the information and material below be provided to Shady Side Academy.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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### Dear School Administrator:

The above named student is enrolled at Shady Side Academy Middle School for the fall. Please provide to us:

- Official Final Transcript
- Health Records / Immunization Records
- Any additional official records

This information should be sent directly to:

Brian Johnston  
Assistant Head of School  
Shady Side Academy Middle School  
100 Benedum Lane  
Pittsburgh, PA 15238

*Telephone:* 412-968-3154

*Email:*

[bjohnston@shadysideacademy.org](mailto:bjohnston@shadysideacademy.org)