



FINAL TRANSCRIPT REQUEST FORM

DIRECTIONS FOR PARENT OR GUARDIAN

Please complete this form and submit it to the Guidance or Registrar's Office of your child's present school (not to Suffield Academy).

PARENT'S AUTHORIZATION

I hereby authorize _____ [my son's / daughter's present school]

to release his/her transcript, testing records and diagnostic results to Suffield Academy.

Name of Student _____

Name of Parent/Guardian _____

Signature of Parent _____

DIRECTIONS FOR THE GUIDANCE OR REGISTRAR'S OFFICE OF CURRENT SCHOOL

At the close of your academic year, please forward to Suffield Academy an official final transcript of completed course work for the student named above. This transcript must record end-of-term grades for all current and past course work. In addition, please include any testing or diagnostic results, if available. If you have questions about what is required, please call our Academic Office at 860-386-4480.

Please send the transcript by July 1, 2023 to:

Suffield Academy Office of the Registrar 185 North Main Street Suffield, Connecticut 06078