



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](mailto:office@ramalynn.org) • (952) 405-6772