



REQUEST FOR RELEASE OF ACADEMIC RECORDS

Parent(s)/Guardian(s): Please complete this form and give it to your sending school.

CURRENT SCHOOL NAME _____

STUDENT FULL NAME _____

STUDENT DATE OF BIRTH _____

For School: The student above has applied to Seven Hills School. Please send a transcript of academic records, including the following to the address listed below:

- Record of all academic work, including teacher comments
- Standardized test results
- Immunization records

Parent/Guardian Signature

Date

PLEASE SEND THESE ITEMS AS SOON AS POSSIBLE, PREFERABLY VIA EMAIL
Seven Hills School, Attn: Admissions Office, 1311 Overbrook Road, Richmond, VA 23220
Fax: 804-329-2408 Email: admissions@7hillsschool.org