The Welsh Academy

AT SAINT IGNATIUS

In Honor of Rev. Robert J. Welsh, S.J. '54

Authorization Form for Transcript of Student Grades

With this form, I authorize the school to send my son's official school transcript, report cards, standardized test results/assessments. Attendance, and health records (including immunization records) and all other records, (IEP's, psychological reports, etc.) to The Welsh Academy.

Student's Name: _____

I hereby authorize _____ to
Name of Current School

Immediately release a copy of the academic records of _____
Student's Name

The Welsh Academy
ATTN: Admissions Office
1944 West 32nd Street
Cleveland, OH 44113

_____ _____
Parent/Guardian Signature Date

NOTE: IF THERE ARE ANY QUESTIONS REGARDING TRANSCRIPTS OR THE APPLICATION PROCESS, PLEASE CONTACT the Admissions Department IN THE WELSH ACADEMY MAIN OFFICE AT 216-939-2107.

ATTENTION PARENTS: THE WELSH ACADEMY WILL DIRECTLY SUBMIT THIS SIGNED FORM TO YOUR SON'S SCHOOL. PLEASE **DO NOT SUBMIT** ON YOUR OWN.