
TRANSCRIPT RELEASE

THE PURPOSE OF THIS FORM IS TO INSURE COMPLIANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 WHICH REQUIRES EVIDENCE OF PERMISSION TO RELEASE STUDENT FILES TO OFFICIALS OF OTHER PUBLIC SCHOOLS OR PRIVATE SCHOOLS IN WHICH THE STUDENT INTENDS TO ENROLL.

I authorize my child's academic records to be released to Friends Academy of Westampton.

NAME OF STUDENT _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

TO THE PRINCIPAL/GUIDANCE COUNSELOR

Please send us the following items:

1. Copies of the past two years of academic records to date.
2. Copies of standardized testing results.

If you have any questions, please contact Friends Academy at 609-267-8198. We sincerely appreciate your assistance.