



STUDENT RECORD REQUEST FORM

STUDENT INFORMATION

Applicant Name: _____ Date of Birth: _____

Social Security Number: _____

Address: _____

Current Grade: _____

School Currently Attending: _____

Address: _____

Phone: _____

Fax: _____

SCHOOL REQUEST

Dean or Parent: _____

The above named student has enrolled in our school. Please send us the following records:

- An official transcript
- Copy of most recent report card
- Withdrawal grades
- Health records
- Recent testing data
- Attendance record and date of withdrawal
- Any other pertinent information that would aid evaluating his/her effort and cooperation

This transcript is being sent or requested without parent/guardian signature on the basis of Public Law 93-360, which was modified June 1976. This regulation allows access by officials and employees within the education institution in which a student may intend to enroll.

Please forward transcript to:

Admissions
The Academy at Mountain State University
P.O. Box 9003
Beckley, WV 25801
Fax: 304-929-1626

Thank you,
Mandy Wriston, Assistant Dean