

**SENECA ACADEMY
TRANSCRIPT RELEASE FORM**

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To the Parent: Please sign this permission form and give it to your child's current school.

I give permission for _____
(name of school)

(school address)

to release my child's records to Seneca Academy.

Student's Name _____

Date of Birth _____

Signature of Parent or Guardian

Date

To the Registrar: Please send this student's current transcript, health forms, and all other confidential information (including report card comments, IEP goals, standardized testing, conference notes, etc.) to Seneca Academy at the address below.

Thank you.

CONTACT INFORMATION

Seneca Academy
Attention: Admissions Director
15601 Germantown Road
Darnestown, MD 20874
Office: (301) 869-3728
Fax: (301) 869-3348
Email: info@senecaacademy.org
<https://www.senecaacademy.org>

