

# SENECA ACADEMY TRANSCRIPT RELEASE FORM

## TRANSCRIPT RELEASE FORM

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 a copy of 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](mailto:info@senecaacademy.org)  
<https://senecaacademy.org>