



## REQUEST FOR TRANSCRIPT RECORDS

**SEND TO: SETON SCHOOL  
1350 PROGRESS DRIVE  
FRONT ROYAL VA 22630  
PHONE: 540-636-9990 | FAX: 540-636-1602**

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

### RECORDS DEPARTMENT:

This student has been enrolled in Seton School.  
Please send the following information at your earliest convenience.  
Thank you for your consideration in this matter.

**Complete Transcript of School Records  
All Test Scores Available**

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

As the Parent or Legal Guardian, I hereby give my Permission  
to Release the Above Records to Seton School.

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SIGNATURE