

Request for Release of Transcript and Records from Previous School



PARENT: PLEASE SEND THIS FORM TO THE PREVIOUS SCHOOL.

Name of Student _____

Seton Family Number (Optional) _____

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 Previous School _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

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

Signature

Please EMAIL all transcripts and records to: **TRANSCRIPTS@SETONHOME.ORG**

Or mail to:

Seton Home Study School
Attn: Records
1350 Progress Drive
Front Royal, VA 22630

Email: **TRANSCRIPTS@SETONHOME.ORG** | Phone or fax: 540-636-1324

Requested by:  John Thorp, Director of Guidance & Records