

ELEMENTARY, JR. & HIGH SCHOOL TRANSCRIPT RELEASE REQUEST

Date_____

Re: High School Transcript Request, JR. High, Elementary

To Whom It May Concern:

I, do hereby give my written permission to send _____ copy(ies) of my child's official transcript to the name and address identified below.

New Hope Academy Conquerors
52720 Bald Knob Stiversville Rd
Portland , Ohio 45770

Email Address: newhopeacademy21@gmail.com

Telephone Number: 740-570-5195

ATTN: Melissa Dailey, Administrator

My child's personal information is as follows:

Social Security Number: _____ - _____ - _____ (if applicable)

Child's name while Enrolled: _____

Thank you for your time and assistance in this matter.

_____ Parent(s) Signature Date_____