

Transcript Request Form

TO THE PARENT / GUARDIAN

Please complete the following information before giving it to your child's school administrator. Provide the administrator a list of schools and email addresses to which to send your child's transcript or instructions for how to upload your child's transcript to each school's online application system.

Name of Applicant _____

Birthdate of Applicant	Applicant for	Grade in Fall 2024	Current Grade:
Address of Applicant:			
Name of Current School:	Phone:		
Address of Current School:			
For the student named above, I authorize the releast for the 2021-22, 2022-23, and 2023-24 academic		•	•
Parent/Guardian Authorization Signature			Date
The Los Angeles Area Independent Schools conmission, assisting families in their exploration of National Association of Independent Schools (National Association of Independent Schools in the Consortium. Please attach to this form the candidate's record, information regarding disciplinary actions at your sinclude grades to date in current courses or forward January 12, 2024. To protect the integrity of this redifferent file name before submitting to schools.	independent school edu AIS); by establishing an ation and response date support the recruitment including an official trans school for the 2021-22, 2 ard first term grades to us recommendation these of	ucation. They do so by followed adhering to ethical, consists. These organizations are at and enrollment of students escript of all grades and evaluations are as as soon as they are availabilities.	wing the best practices of the stent policies and procedures, also committed to sharing. This form is accepted by all ations, testing results, and mic years. Please be sure to ble, ideally no later than e to save them as a PDF with a
f yes, please explain:			
School Official's Name and Title			
Email address	Pho	ne number	
Signature	Today's date		