

Jnion Springs

PO Box 524, 40 Spring St., Union Springs, NY 13160

Phone: 315-889-7314

Fax: 315-889-7188

or email: enroll@unionspringsacademy.org

Transcript Release Form

Instructions to Parent: Fill in the blanks, sign and date the form, and mail to your child's current school.

School Name:		Telephone:	Fax:	
Address:		Text Text		
Street		City	State	Zip
To the Register, Guidance	Counselor, or Record	ds Office,		
		prings Academy, a Christian boarding his acceptance process is complete. Please		
Official Trans	script			
Health & Imr	nunization Records			
Standardized	Test Scores			
IEP (If Applie	cable)			
Attendance R	tecords			
Discipline Re	ecords			
Custody Pape	ers (If Applicable)			
Name of Student:	First	Middle	Last	_
			Last	
Date of Birth:	ım/dd/yyyy	Current Grade:		
I, the parent/guardian, here	by authorize the abo	we information to be released to USA.		
D (G 1: G:				
Parent/Guardian Signature		Date		
Thank you very much!				
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