



## Transcript Release Form

Present or last school: \_\_\_\_\_

School Name

\_\_\_\_\_

School Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Phone Number

Permission is hereby granted for a complete transcript showing all former and current grades, IQ, and Achievement Test scores, psychological evaluations (if any), health records, and other pertinent information from the student's permanent record. These are to be released to:

**Mooresville Christian Academy**  
**P.O. Box 637**  
**Mooresville, IN 46158**

Phone: (317) 831-0799

Fax: (317) 831-5364

Thank you for your cooperation and prompt assistance.

Student's Full Name

Grade

Birth Date

\_\_\_\_\_

\_\_\_\_\_

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Withdrawal Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to child