



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

Withdrawal Date _____

Signature of Parent/Guardian

Date

Relationship to child