

TRIANGLE MATH AND SCIENCE ACADEMY

FORMER STUDENT RECORDS REQUEST

Current Date: _____ Phone Number: _____

FOR OFFICE USE ONLY Verified: Date Released: Signature:
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1. Please Print Your Name as It Appears on Your Student Records:

First	Middle	Last	Date of Birth
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2. Last Public School Attended in Wake County: _____

3.

Information Requested: (Please Choose All That Apply) ____ Transcript QTY: ____ SAT/ACT Scores ____ Health Record/Immunizations ____ Verification of Name ____ Verification of Birth Date

Reason for Request: ____ Employment ____ College ____ Identification ____ Birth Certificate

4. Please choose one of the following delivery options: **Please Allow Up to 5 Business Days to Process Your Request**

Pick Up

Mail To: _____

5. I give permission _____ for to pick up my records.
First and Last Name

I hereby give my consent for the release of the above referenced records.

Signature Current Name Print Current Name

(Parent Signature Required If Under 18)

Current Address: