



Sylvan Prep Academy
 600 East Veterans Drive
 Cookeville, TN. 38501

TO: Name and Address of Former School

FOR: _____
 (Last Name) (First Name) (Middle Name)

Date of Birth _____ / _____ / _____

S.S.# _____ - _____ - _____

The above named student has enrolled in our school in the _____ grade. Please send a complete transcript including health and attendance records, test scores, special education records and disciplinary reports. Please include grades to date of withdrawal.

I certify that I have legal custody and educational rights for the above named student. Permission for release of these records is granted by:

Parent or guardian's signature _____

Date _____