



TRANSCRIPT REQUEST

SCHOOL

STREET

TOWN/ZIP CODE

PERMISSION FOR RELEASE OF SCHOOL RECORDS

_____ has applied for entrance into
Student Name

Visitation Academy, Paramus, New Jersey for Grade _____ for the academic year
2018-2019. I hereby authorize the release of a copy of my child's school records to be sent to
Visitation Academy, 222 Farview Avenue, Paramus, NJ 07652.

SIGNATURE OF PARENT/GUARDIAN

DATE

STREET

TOWN

STATE

ZIP CODE

TO THE PRINCIPAL:

The student named above is applying for admission to our school. Please forward all grades, standardized test results, teachers' comments, special education records, health records, and all other information that might help us evaluate the applicant's admission.

DATE

Ms. Kimberly Harrigan
Principal

