Academic Records Request

To: Office of the Registrar

School Name _____

Address _____

_____

Phone Number _____

Email Address _____

Please send **all medical records**, **test scores**, and **an official transcript** for my child,

_____, to The School for Young Performers:
(Name of child)

Kelly Politzer, College Counselor/Academic Advisor
kelly@schoolforyoungperformers.org

Signed: _____ Dated: _____
(Parent or legal guardian)

Print Name: _____
(Parent or legal guardian)

(To parents – please mail or email this form directly to your child's previous school.)