



GENTRY ACADEMY

TRANSCRIPT REQUEST FORM

Parent/Legal Guardian:

Please complete and return to Gentry Academy Corporate Office.

Student Name: _____

Current School Name: _____

Current School Address: _____

Current School Phone Number: _____

Current School Fax Number: _____

RELEASE STATEMENT

I hereby give permission to a representative of my student's current school to release school files to Gentry Academy. Files should include information related to medical, psychological and academic as well as standardized test scores.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Records Office:

Please send the requested materials to one of the following addresses.

Mail:

Gentry Academy
1420 County Road E East
Vadnais Heights, Minnesota 55110

Email:

admissions@gentryacademy.com

BUILDING LEADERS