

**CALHOUN ACADEMY**  
**PO Box 526 – St. Matthews, South Carolina 29135**  
**Office: 803-874-2734 Fax: 803-655-5096**

**REQUEST FOR TRANSCRIPT**

Please send to us a complete transcript for the following student who has enrolled at Calhoun Academy.

Student \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

**Please include the following:**

- Immunization
- Complete grades including present grading period (please give numerical grades)
- Key to your grading system
- Date of entrance and withdrawal
- Standardized test scores
- Attendance record
- Psychological report (if applicable)
- Discipline record

**THANK YOU FOR YOUR ASSISTANCE**

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

**I give my permission for the release of all school records for the student named above.**

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date