

SUBIACO ACADEMY

Records Release Form

Name of Student: _____

Date: _____

To: REGISTRAR

Please send an official record of the above named student's following items:

1. **Transcript**
2. **Standardized test scores**
3. **Most recent report card**

To: **Director of Admission
Subiaco Academy
405 North Subiaco Avenue
Subiaco, AR 72865-9798
Fax: 479-934-1033**

For the following year(s) attended: _____

Signature of Parent/Guardian: _____

Address: _____

Daytime Telephone: _____

INSTRUCTIONS TO PARENT:

Please deliver this form to the school in which your son is currently attending, or if he is not currently in school, the school that he attended last year.