



RECORDS REQUEST FORM

This form should be given to the student's current school by the parent.

Copies of records are required to complete the student's application to Sewickley Academy.

I hereby request and authorize

Current School

Current School Address

to send copies of complete official transcript(s), including current grades to date, all test records and reports (both achievement and diagnostic), and any other pertinent documents concerning my child,

Student's name

Grade level

Signature of Parent or Guardian

Date of signature

Note to School Administrator - Please send copies of records to:

**Office of Admission
Sewickley Academy
315 Academy Avenue
Sewickley, PA 15143**

THANK YOU FOR YOUR ASSISTANCE.



**412-741-2230 • Fax: 412-741-1411 • www.sewickley.org
315 Academy Avenue, Sewickley, PA 15143**