



DUCES FUTURI SUMUS

## The Founders Academy Transcripts/Record Request

Please complete this form and include it with the portion of the admissions application to be mailed. If the applicant should be enrolled at The Founders Academy it will be sent to the sending district to request a transfer of the applicant's full cumulative file including transcripts and/or records. **Do not send this form to your current school, The Founders Academy will send it if your child is enrolled at our school.**

### Transcripts/Record Request Release:

The section listed below must be completed and signed by the legal parent/guardian of the applicant. A separate form must be completed for each applicant.

Signed and completed form authorizes the **CURRENT SCHOOL** or **SENDING DISTRICT**:

\_\_\_\_\_ or \_\_\_\_\_  
School Sending District

to send to The Founders the full cumulative file for \_\_\_\_\_  
Student

Please mail to:

**The Founders Academy**  
**5 Perimeter Road**  
**Manchester, NH 03103**

*I authorize The Founders Academy to request any transcripts and/or records should my child be enrolled at The Founders Academy.*

Name of Legal Parent/Guardian:

\_\_\_\_\_

(Please print full name of legal parent/guardian)

Legal Address of Legal

Parent/Guardian: \_\_\_\_\_

(Street, City/Town, State, Zip Code)

Signature of Legal

Parent/Guardian: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

(Please print full name of applicant)

Legal Address of Applicant:

\_\_\_\_\_

(Street, City/Town, State, Zip Code)

Applicant's Date of Birth: \_\_\_\_\_