

REQUEST FOR OFFICIAL TRANSCRIPT

To be completed by parent/guardian. Please print.

Dear Orme Parent/Guardian,

Please complete this form, and send it directly to your child's current school in care of the Registrar.

To the Registrar:

The student named below has applied for admissions to The Orme School. To complete the application, The Orme School requires an official transcript from the student's current school and school year, complete through at least the first semester. This transcript should also include the student's previous school year.

STUDENT INFORMATION

First Name	Middle Initial	Last Na	Last Name	
Date of Birth (MM/DD/YYYY)				
Address	City	State	Zip Code	
Province	Country			
STATEMENT OF PERMISSION TO RELEASE TF	RANSCRIPT			
School, for use in evaluating eligibility for add	mission.	Date		
Parent/Guardian Printed Name				
PLEASE EMAIL, FAX, OR SEND BY POSTAL MA	AIL TO:	Admissions Office The Orme School		

(928) 632-7605

Fax: