



## The Founders Academy Transcripts/Records 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/Records 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 Founders Academy the full cumulative file for \_\_\_\_\_  
(Please print full name of 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: \_\_\_\_\_ Phone number: \_\_\_\_\_  
(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: \_\_\_\_\_

Legal Parent/Guardian Email Address: \_\_\_\_\_

Legal Address of Student: \_\_\_\_\_  
(Street, City/Town, State, Zip Code)

Student Date of Birth: \_\_\_\_\_ Academic year applying for: \_\_\_\_\_

5 Perimeter Road, Manchester, New Hampshire 03103  
603.952.4705 ~ www.thefoundersacademy.org ~ info@tfanh.org