Louisiana New School Academy

Request for Records and Transcripts

Grades 5-12

Students Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of request: (please circle)

Transferring Schools Scholarship Insurance SSI/State Social Service reason

Requesting: (please circle):

School Transcript ACT/SAT Scores Academic Records Standardized Test Scores

**I hereby authorize the release of the information mentioned above to** **Louisiana New School Academy**

Signature of Parent/GuardianDate

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

When records are ready:

Call to Pick Up: Person to pick up records\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Best day-time phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail To: Louisiana New School Academy 1900 North Blvd. Baton Rouge, Louisiana 70806