



Evergreen Academy Academic Records Request

To the Parent/Guardian of Applicant: Please sign and date this form, indicating your authorization of the release of your student's records.

Applicant's Name: _____ Applying for Grade: _____

Parent/Guardian Signature: _____ Date: _____

To the Applicant's School: The student named above is an applicant for admission to Evergreen Academy Elementary School. We request the following information to assist in our decision regarding the admission of this applicant.

- A copy of the student's official transcript, grade reports, and/or comment sheet for the current school year
- Copies of student's official transcript, grade reports, and/or comment sheets from the previous **two** school years
- Copies of any standardized test scores and confidential school records

Please mail this information with this completed form to:

**Admissions Office
Evergreen Academy Elementary School
16017 118th Place NE
Bothell, WA 98011**

Name: _____ Position: _____

School: _____ Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Thank you for your assistance. Please keep a copy of this form for your records.