



*Villa Joseph Marie*  
HIGH SCHOOL

REQUEST FOR TRANSCRIPT

PARENTS: In accordance with the Family Education Rights and Privacy Act, it is necessary for your daughter's school to obtain your written consent to release her scholastic records to Villa Joseph Marie High School. Kindly complete this form and submit it to your daughter's current school.

To the principal of \_\_\_\_\_  
(Name of Grade School)

I/We hereby give my/our permission for you to release a copy of my/our daughter's academic records, including standardized test scores, to Villa Joseph Marie High School. Please send this information to:

Admissions Office  
Villa Joseph Marie High School  
1180 Holland Road  
Holland, PA 18966

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_