



1180 HOLLAND ROAD HOLLAND, PA 18966
215-357-8810 www.vjmhs.org

REQUEST FOR TRANSCRIPT

To Parent/Guardian:

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. Kindly complete this form and submit it to your daughter's current school.

To the Principal of: _____
Name of 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. Please send this information to:

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

Name of Student: _____

Current Grade: _____

Parent/Guardian Signature: _____