



# ST. THOMAS MORE ACADEMY REQUEST FOR TRANSCRIPT

To whom it may concern,

My son/daughter \_\_\_\_\_ is applying for admission to St. Thomas More Academy, I authorize you to release to St. Thomas More Academy his/her transcript, immunization record, attendance record, achievement test results, aptitude test results, and, if applicable, special personal evaluations or psychological reports. If required, I will pay for any fees for these copies.

Thank you,

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

\_\_\_\_\_  
Date

Please mail records to:

ST. THOMAS MORE ACADEMY  
3109 SPRING FOREST ROAD  
RALEIGH, NC 27616

All information will be kept confidential