Student Records/Transcript Request

MASTER'S ACADEMY
VERITAS ET LUX
VERO BEACH, FL

No records will be released until all obligations have been met
and all school property is returned, as noted in the Family Agreement/Contract.
Please allow five business days for fulfillment of records requests.

Student: _____ | Last Grade Attended/Completed: _____ Year 20_____

Records Requested: ☐ K-8 Academic Records ☐ High School Transcripts (___ Sealed ___ Unsealed) ☐ Test Scores
☐ IEP/504 ☐ Health/Immunization ☐ Other: _____

Reason Requested: ☐ Dual Enrollment ☐ Scholarship ☐ College ☐ Employment
☐ Relocation ☐ Homeschool ☐ School Transfer

FORWARD RECORDS TO: School _____ | Fax: _____

Contact: _____ | Phone: _____

Address: _____ City _____ State ____ Zip _____

FORWARD RECORDS TO: School _____ | Fax: _____

Contact: _____ | Phone: _____

Address: _____ City _____ State ____ Zip _____

FORWARD RECORDS TO: School _____ | Fax: _____

Contact: _____ | Phone: _____

Address: _____ City _____ State ____ Zip _____

REQUEST FOR RECORDS: *Student records are confidential and can be released only by written consent from the parent or legal guardian. These rights transfer to the student when the student reaches the age of 18, or attends a school beyond the high school level per FERPA (Family Educational Rights and Privacy Act) Law. FERPA is a federal law that protects the privacy of student education records (20 U.S.C. § 1232g; 34 CFR Part 99).*

Signature: | Print name: | Office staff receiving request:

☐ Parent ☐ Student (over 18)

REMAINDER OF THIS FORM IS FOR OFFICE USE ONLY
DATE: INITIALS:

___/____/20___ _____	**Request Received** by (print) _____ ☐ **Notified of $ due** ___/___/20___
___/____/20___ _____	**Finance Office Review HOLD:** √ reason ☐ Financial ☐ Textbooks ☐ Library Materials ☐ Athletic Uniforms/Equipment
	☐ Payment made in advance for rush requests: $5 per official/sealed transcript. ☐ **Return to originator to notify of $ due**
___/____/20___ _____	**If grade 6 or higher, did student earn High School Credits?** ☐ Yes ☐ No (If YES, **Academic Dean** will print transcript)
___/____/20___ _____	High School Transcript reviewed and printed by Academic Dean.
___/____/20___ _____	Transcript signed and embossed.
___/____/20___ _____	All records requested are copied. DO NOT include this form in the records to be sent!
___/____/20___ _____	If student withdrew, Registrar/Admissions Coordinator inactivates student and family, and enters withdrawal date in HM.
___/____/20___ _____	**Documentation:** This form is stapled on top of fax form, school request, transcript, and all other records provided, and packet is placed at the back of the student's cumulative folder. If student is withdrawing, move health folder to cumulative folder as well.
___/____/20___ _____	**Request Fulfilled:** ☐ Faxed ☐ Mailed ☐ Recipient notified packet is ready to pick up.
___/____/20___ _____	Cumulative Folder returned to active file OR delivered to keeper of "former student" files.