

TRANSCRIPT REQUEST

MAIL TO:

**OFFICE OF THE REGISTRAR
HARVEST PREPARATORY ACADEMY
P. O. BOX 2391
FAYETTEVILLE, NC 28302
(910) 433-3036**

I give my permission to release all school records including medical and testing records to the above school.

Full Legal Name of Student _____

Birth date _____

Grade _____

School Last Attended _____

Street Address _____

City _____

State _____

Zip code _____

Signature of Parent or Guardian _____

Date _____

NOTE: VERY IMPORTANT TO HAVE THE COMPLETE ADDRESS OF SCHOOL LAST ATTENDED. HARVEST PREPARATORY ACADEMY WILL TAKE THE RESPONSIBILITY FOR REQUESTING RECORDS.

OFFICE USE ONLY

DATE REQUEST RECEIVED _____ DATE REQUEST MAILED _____

DATE TRANSCRIPTS RECEIVED _____

TRANSCRIPTS: COMPLETE INCOMPLETE

COMMENTS: