PERSONAL INFORMATION/TRANSCRIPT RELEASE FORM

Date _____

This is to authorize First Baptist Academy to send a transcript (includes semester grades; ACT and/or SAT scored; and class rank upon request) of the permanent record of:

_____ _____

Name (Please Print) Graduation Year

COLLEGE/SCHOLARSHIP NAME: _____

FULL MAILING ADDRESS: _____

_____

_____

EMAIL ADDRESS: _____

**College Advisor or Registrar Office*

_____ Check box if you wish to include the official letter indicating class rank.

_____ _____

Student Signature Parent/Guardian Signature
(Required if Student is Under 18)