

(Please give to the administration of previously attended school)

# Mount Royal Academy

## Request for Transfer of Educational Records

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

School or Agency:

\_\_\_\_\_

To facilitate educational planning and instruction, please forward as promptly as possible all educational records including the following:

- A complete transcript of credits, grades, and attendance
- Health and immunization records
- Results of individual or group testing
- Special education records: individualized evaluations, psychological records, and other records pertaining to evaluation and placement
- Counseling, therapy, or other pertinent records
- Other evaluation records

If the student withdrew before the end of the semester, please include grades earned to the date of withdrawal. A statement of your grading system would be appreciated.

Please send records to:

**Mount Royal Academy**  
**26 Seven Hearths Lane**  
**Sunapee, N.H. 03782**

**Attention: Administrator**

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Phone*