



REQUEST FOR STUDENT TRANSCRIPTS

Forms must be signed by parent to be received by school

_____ is applying to **Robert M. Beren Academy** for the 2019-20 school year. I _____ am the legal parent/guardian of the above named individual and authorize the release of my child's permanent record to the Admission Office.

Parent/Guardian
Signature

Date

Items to be included (all are required):

| | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Copy of most recent report card |
| <input type="checkbox"/> | Copy of permanent report cards |
| <input type="checkbox"/> | Copy of standardized tests |

Any additional information requested: _____

Please remit all paperwork to:

Robert M. Beren Academy
Attn: Admissions
11333 Cliffwood Drive
Houston, TX 77035