To Applicant:

Please type or pri	nt your name and fill out form. Official	transcripts must come	directly from your previ	<mark>ous school.</mark>	
Applicant's Name _				Current Grade	
Previous School Na	me				
School Address	Street Address / P. O. Box				
	City	State	Zip	Country	
School Phone: (
School Fax: (
To the Parent / O					
	med above, I authorize the release of s I acknowledge that I waive my right to				as well as the results of
Signature of Applicant's Parent or Guardian				Date	
Office Use (Only				
To Applicant's (Current School:				
	the following: Official Transcript lude all grades earned for courses taken to be become available. Please note that a		res for aptitude and achie		ester grades for the curren
reads: A school di a) Access state co	80, regarding the " Release of School F istrict is not authorized to permit access is shall be permitted to the following: Offic prectional facilities where educational plus do enroll subject to the rights of the par	to pupil records to any per cials and employees of oth rograms leading to high so	son without parental con ner public schools or sch chool graduation are prov	sent or under judicial order except that: ool systems including local, county, or	
Thank you for you	r assistance. Should you have any ques	stions, please contact us v	ia the information below:		
	Business Office New Orleans Adventist Academy Address	Phone: (504) 240 - Fax: (504) 240 - 4500 Gawain Drive New Orleans, Loui	2692 e		
	Website	noaacademy.org	014114 1 0 121		