

Berkeley STEM Academy



TRANSCRIPT REQUEST

CURRENT EDUCATIONAL RECORDS CUSTODIAN:

To School Fax #: _____ Date: _____

Student's Current / Former School: _____

School Address: _____

School City: _____ County: _____ State: _____ ZIP: _____

PARENT/GUARDIAN REQUEST AND AUTHORIZATION:

To Whom It May Concern:

Please send to Berkeley STEM Academy all student records (classes taken and grades earned, attendance records, standardized test scores, health/immunization records, discipline records, Special Education documents, etc.) related to the student identified below for purposes of admission at Berkeley STEM Academy:

Student's Full Legal Name: _____

Grade: _____ Date of Birth: _____ Dates of Attendance: _____

In addition, you have my/our permission to freely discuss with Berkeley STEM Academy details related to the above-named student's records and to provide other information which may be of assistance in placing student.

Thank you for your assistance.

Parent/Guardian Name (Print) Signature Date

Parent/Guardian Name (Print) Signature Date

PLEASE SEND RECORDS TO:

Berkeley STEM Academy
Attn: Student Records
P.O. Box 2083
Martinsburg, WV 25402-2083
Fax: (304) 262-3870

Questions? Need more information regarding this request?

Please call Berkeley STEM Academy at
304-596-9316

Attn: _____