

Records Request

Sylvan Prep Academy
728 S. Jefferson, ste 9
Cookeville, TN. 38501

Phone: 931-528-2543

Fax: 931-854-9414

TO: Name and Address of Former School

FOR: _____
(Last Name) (First Name) (Middle Name)

Date of Birth _____/_____/_____

S.S.# _____

The student listed is transferring into the SPA program. Please send a complete transcript including health and attendance records, test scores, special education records and disciplinary reports. Please include grades to date of withdrawal.

I certify that I have legal custody and educational rights for the above named student. Permission for release of these records is granted by:

Parent or guardian's signature _____

Date _____