

Mount Vernon Academy Transcript Request:

To: _____

We request all records for the following individual:

Full Name: _____
Date of Birth: _____ Grade: _____ Year Graduate: _____

The above-named student has applied for admission to Mount Vernon Academy. Please send an official:

- ***Transcript of Completed Work***
- ***List of Classes Attended***
- ***Grades at Time of Withdrawal or Completion***
- ***Standardized Test Scores***
- ***OGT Scores***
- ***Immunizations List***
- ***Any additional information which would be beneficial to placing this student.***

Thank you for your assistance.

Mail Records Directly to:

**Mount Vernon Academy
Records Office
PO Box 311
Mount Vernon, OH 43050**

“99.31 Prior consent for disclosure not required.”

