

Mount Vernon Academy

P.O. Box 311 - 525 Wooster Rd.

Mount Vernon, OH 43050

Phone: 740-397-5411

Transcript Request

To: _____

Fax:

We request any records for the following individual:

Name _____ Grade _____

Date of Birth: _____

The above-named student has applied for admission to Mount Vernon Academy. Please send an official transcript for completed work, list of classes attended, grades at time of withdrawal, standardized test scores, OGT scores, immunization list, and any additional information that would be useful to us in placing this student.

Thank you for your assistance.

Mail Records Directly to:

Mount Vernon Academy

ATTN: Linda Taber

P.O. Box 311

Mount Vernon, OH 43050

"99.31 Prior consent for disclosure not required."