



REQUEST FOR STUDENT TRANSFER AND RECORD RELEASE

Parents, please complete this form and return it to the MHA school office with your application. Student records will be requested upon acceptance.

_____ Student Name	_____ Birthdate	_____ Grade	_____ School year
_____ School leaving	_____ School phone	_____ School fax number	
_____ School address	_____ City	_____ State	_____ ZIP Code

I consent to the release of the records indicated below to Mars Hill Academy.

_____ Signature of parent/legal guardian	_____ Date		
_____ Parent/guardian address	_____ City	_____ State	_____ ZIP Code

PLEASE SEND A COPY OF THE FOLLOWING:

School administration, the student named above has made application for admission to Mars Hill Academy. We would appreciate your prompt response in sending the following records:

- _____ All cumulative records/standardized test results (standard and confidential)
- _____ All health and immunization records
- _____ State proficiency test results
- _____ Other: _____

_____ Signature of MHA Administrator	_____ Date
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Please mail completed form and records to:
Mars Hill Academy
ATTN: Admissions
4230 Aero Dr.
Mason, OH 45040
Or fax to: 513-770-3443

Records released to the person or agency listed above are not to be released to another person or agency without consent of the parent or legal guardian. If copies of records are released to parents or legal guardians, the school is relieved of responsibility for confidentiality of those records.