



# Request for Records

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Please give this completed form to the school your child currently attends.

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Present School: \_\_\_\_\_

I hereby give my permission for the transfer of copies of my child's records to the Admissions Director at The Academy at Charlemont. The records should include the following:

1. Transcript of grades or report cards
2. Standardized test scores, if available
3. Written comments and evaluations by teachers, guidance counselors, and psychologists

Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

**Return records to**  
Admissions Director  
The Academy at Charlemont  
The Mohawk Trail  
1359 Route 2  
Charlemont, MA 01339

(413) 339-4912  
admissions@charlemont.org