



Bridgeport International Academy

Request for Academic Transcript and Records

Name of Applicant: _____
Last Name First Name Middle Initial

Entering Grade: _____ Birth Date: _____ / _____ / _____
Month Day Year

Current or last school attended: _____

Address: _____
Number Street Building/Suite #

City State/Province Zip or Postal Code Country

Dates applicant attended school: _____

Ø **To the Principal, Registrar, or Guidance Counselor:**

Please release copies of the above applicant's academic records to our Academy. These should include the following: official transcripts, report cards, standardized or other test scores, and any record of participation in special academic programs. Also include a brief description of your grading system. Mail all documents to **Bridgeport International Academy, Admissions Office, 285 Lafayette Street, Suite 202, Bridgeport, CT 06604.**

Ø **To the Parents/Guardians:**

Please fill out the above information and sign below so that your child's school can release his/her academic records.

"I give permission for my child's academic records to be released to Bridgeport International Academy. I understand this confidential recommendation is submitted for the purpose of admission only and will not seek access to it."

Signature of Parent or Guardian Relationship to Applicant Date

Sincerely,

Nora M. Spurgin, MSW
 Principal