



# ATHENS BIBLE SCHOOL

## Transcript Release Request

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417

*"A Better Education on a Better Foundation"*

\_\_\_\_\_  
Name of student's previous school

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Address of student's previous school

Dear Registrar,

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last Grade Attended

Is making application to Athens Bible School. Please send or fax a copy of the following pertinent information contained in this student's records:

- Transcript of past academic record (including grades earned during the current year to date)
- Attendance records
- Standardized test scores
- Health records including immunization dates
- Discipline information

Thank you for your cooperation in sending this information at your earliest convenience.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date