



# ATHENS BIBLE SCHOOL

## Transcript Release Request

507 Hoffman Street Athens, AL 35613 256-232-3525 Fax: 256-232-5147

*"A Better Education on a Better Foundation"*

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

Fax \_\_\_\_\_

Dear Registrar,

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

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

Grade \_\_\_\_\_

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 \_\_\_\_\_