



AVE MARIA  
ACADEMY

## REQUEST FOR TRANSCRIPTS

Dear School Administrator:

The student(s) named below have applied for admission to Ave Maria Academy. Please send a copy of his / her pertinent cumulative record including grade transcripts, academic portfolio, conduct, standardized test scores, and/or medical information to Ave Maria Academy at the address below.

Thank you for your cooperation.

Applicant's Name(s):

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I \_\_\_\_\_ authorize \_\_\_\_\_ to release  
(Parent or Guardian's Name) (School Name)

transcripts and school records for my child to Ave Maria Academy.

\_\_\_\_\_  
(Parent or Guardian's Signature)

**Mail to:**  
**Ave Maria Academy**  
**Attn: Admissions Office**  
**7000 Jewel Lane North**  
**Maple Grove, MN 55311**

**or Email to:**  
**info@avemariaacademy.org**