

SCHOOL RECORDS & TRANSCRIPT REQUEST RELEASE FORM

Please Note:

Estimated turnaround time is 7-10 business days.

- Business Office approval is required before the release of transcripts or records for any reason.
- Official Transcripts must be mailed directly from Hampton Roads Academy to the school, college, university, or any other entity that is requesting the information.
- **Unofficial Transcripts** will be emailed to the parent/student that made the request.

Student/Former Student (if 18 years of age or older):

Please fill out form completely and sign where indicated your signature authorizes Hampton Roads Academy to release your student records.

Parent or Guardian (if student is <u>under</u> 18 years old):

Please fill out form completely and sign where indicated your signature authorizes Hampton Roads Academy to release the student records.

Student's Last Name	First Name	Grade /Graduation Year		
Mailing Address		City	State	Zip
Email Address		Phone Number (including area code)		
Please forward the following:	Official Transcript	Unofficial Tran	script	
AUTHORIZATION STA hereby authorize Hampton Ro			ied to:	
Name of Entity Address				
Department Name and/or A	Attention to:			
	and/or	r		
To the Student's email add	dress listed above (Unoffice	ial Transcripts ON	LY).	