



Request for Transcript Form

School

Address

Address

City, State, Zip

RELEASE OF RECORDS REQUEST

The student below named below has enrolled at Excel High School to further their education. Please forward an official transcript of credits earned to:

**Registrar
Excel High School
4445 West 77th Street, Suite 209
Edina, MN 55435**

Student's full name:

Date of Birth: ___ / ___ / ___

As parent or guardian of the above named child, I give my permission to have their school transcript sent to the Registrar at Excel High School.

Parent or Guradian's signature:

Date: _____

Submitted in accordance with Federal Register June 17, 1976. Part II H.E.W. Privacy rights to Parents and Students. Vol. 41 No. 118-24