

Laurelbrook Sanitarium and School, Inc.

114 Campus Drive
Dayton, TN 37321-6438 USA
423-775-3339 (school) or 423-775-3336 (business office)

TRANSCRIPT REQUEST

TO:

Requesting the transcript for the following individual:

Name: _____ Signature: _____
Social Security #: _____ Date of Birth: _____

The above named student has applied for admission to Laurelbrook Academy. Please send a transcript of grades, including credits, achievement test scores, health records, and any additional information that would be useful to us in placing this student.

Thank you for your assistance.

Permission to release school records:

I do hereby permit you to release any information, including transcript of grades, test results, and health records requested by Laurelbrook Academy for the admission of my child listed above.

Parental Permission

Signature: _____ Date: _____

Mail Records Directly to:

Office of the Registrar
Laurelbrook Academy
114 Campus Drive
Dayton, TN 37321
USA