

# Renaissance Academy

## Transcript Request

Previous School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear Registrar:

Student: \_\_\_\_\_ has enrolled in Renaissance Academy Charter School.

Please send transcripts to:

Renaissance Academy Charter School  
4093 W. U.S. Hwy. 20  
LaPorte, IN 46350

Thank you for your attention to this matter.

Sincerely,

Kieran McHugh  
Head of School

I hereby authorize \_\_\_\_\_ School to release previous school records to Renaissance Academy Charter School.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date