



## Request for Transfer of Student Records

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***Return to:***

Takoma Academy Preparatory School  
8300 Carroll Avenue  
Takoma Park, MD 20912  
(301) 422-3858 or email to: [kcastillo@taprep.org](mailto:kcastillo@taprep.org)

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**To the Parents of the Applicant:**

Please fill out this form and present it to the head or registrar of your child's current school. *Providing the school with a stamped envelope addressed to Takoma Academy Preparatory School will expedite the process.*

Student's Name: \_\_\_\_\_  
*First Middle Last*

Grade this year: \_\_\_\_\_

Grade applying to: \_\_\_\_\_

I request and authorize the release of school records, including a complete transcript and results of any standardized tests, and medical records to Takoma Academy Preparatory School. I understand the records are confidential.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

**To the Registrar:**

The student named above has made the application admission to Takoma Academy Preparatory School. To help us evaluate this student, please forward the above requested transcript and test results.

Thank you for your assistance.