

WEST NOTTINGHAM ACADEMY

TRANSCRIPT RELEASE

Full Name (while attending WNA) _____
Date of Birth _____
Years Attended WNA _____

I give permission to West Nottingham Academy to release transcript and all other material related academic records to: _____

Attention _____

Address _____

Phone _____

Fax _____

Signature of Parent or Legal Guardian (or student if 18 or older) _____

Date _____

Please complete and return to:

West Nottingham Academy

Attn: Yvonne Dvorak

1079 Firetower Road

Colora, MD 21917

Fax: 410-658-6790

Please allow ten working days for processing and be aware that if there are any outstanding balances owed to WNA these must be cleared before a transcript will be issued.

Thank you.