



**SOUTH
LANCASTER
ACADEMY**

Serve. Love. Achieve.



STUDENT RECORD RELEASE

Student Information:

Student's Name _____ Date of Birth ___ / ___ / ___
Student Address _____ City _____ State ___ Zip _____
Phone Number _____ Date of Request ___ / ___ / ___

Transfer from:

Last School Attended _____
Phone # _____ Fax # _____ Email _____
School Address _____ City _____ State ___ Zip _____

Transfer To:

SOUTH LANCASTER ACADEMY

(Grades K-8)

P. O. Box 1129
South Lancaster, MA 01561

SOUTH LANCASTER ACADEMY

(Grades 9-12)

P. O. Box 1129
South Lancaster, MA 01561

Phone: 978-368-8544 Fax: 978-365-2244

Email: dargueta@mysla.org

Parent's Request

Please forward the academic records, health, and special education (if applicable) of the above student to the school address listed above.

Parent Name: *(PLEASE PRINT)* _____

Parent Signature: _____ Date _____