ASCEND ACADEMY ONLINE HIGH SCHOOL

OFFICIAL STUDENT RECORDS & TRANSCRIPT REQUEST

For enrollment, transfer-credit evaluation, placement, academic planning and graduation review

PURPOSE OF THIS REQUEST

The student identified below has enrolled in, or is seeking enrollment in, Ascend Academy Online High School. Please forward the requested official educational records so Ascend can complete enrollment, placement, transfer-credit evaluation, academic planning and graduation review.

01 STUDENT INFORMATION

Student Full Legal Name

Previous / Former Name (if applicable) | **Date of Birth** | **Current Grade**

Ascend Student ID (if available) | **Student Email**

Parent / Guardian Name (if student is under 18)

Parent / Guardian Email | **Telephone**

02 PREVIOUS SCHOOL INFORMATION

Name of Previous School

School District (if applicable) | **Dates Attended** | **Last Grade**

School Address

City | **State** | **ZIP** | **School Phone**

Registrar / Guidance Office Email | **Previous Student ID (if known)**

03 RECORDS REQUESTED

- ☐ Official high-school transcript
- ☐ Complete course history
- ☐ Credits earned
- ☐ Current grades / withdrawal grades
- ☐ Grade-level placement information
- ☐ Enrollment and withdrawal dates
- ☐ Attendance records, when applicable
- ☐ State assessment / EOC records, when applicable
- ☐ Graduation requirement / status information
- ☐ Standardized testing records, when applicable
- ☐ IEP records, when applicable
- ☐ Section 504 Plan records, when applicable
- ☐ ELL / ESOL records, when applicable
- ☐ Academic intervention / support records
- ☐ Dual-enrollment / CTE records, when applicable
- ☐ Community-service documentation, when available
- ☐ Other academic records necessary for placement, transfer credit or graduation review

Other Records Requested / Notes

IMPORTANT RECORDS NOTE

Please send records directly from the issuing school, school district, registrar, authorized transcript service, or other official educational records provider whenever possible. Include the student's full legal name and date of birth with the record transmission so the records can be matched to the correct student file.

04 AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

I authorize the school or educational institution identified on this form to release the requested educational records to Ascend Academy Online High School. I understand the records may be used for legitimate educational purposes, including enrollment, academic placement, transfer-credit evaluation, course scheduling, graduation planning, student support and maintenance of the student's official educational record.

IF STUDENT IS UNDER AGE 18

Parent / Legal Guardian Name

Signature **Date**

IF STUDENT IS AGE 18 OR OLDER

Student Name

Signature **Date**

05 RECORD DELIVERY INSTRUCTIONS

PLEASE SEND OFFICIAL RECORDS DIRECTLY TO:

Ascend Academy Online High School

Attn: Registrar / Student Records Department

Records Email

Telephone

Mailing Address

Secure Electronic Transcript Service (if applicable)

Electronic records sent directly from the issuing school, school district, registrar, authorized transcript service, or another verifiable official educational records provider may be accepted as official when authenticity can be confirmed.

06 REQUEST FROM ASCEND ACADEMY ONLINE HIGH SCHOOL

Dear Registrar / Records Custodian:

The student named on this request has enrolled in or is seeking enrollment in Ascend Academy Online High School. Please forward the student's official educational records as soon as possible so our school may complete transfer-credit evaluation, academic placement and graduation review.

Thank you for your assistance and cooperation in helping us maintain a complete and accurate educational record for this student.

Authorized School Representative

Title

Signature

Date Request Sent

07 ASCEND SCHOOL USE ONLY

Date Request Sent _____ **Request Sent By** _____

Method ☐ Email ☐ Fax ☐ Mail ☐ Electronic Transcript Service

Other Method _____

Date Records Received _____ **Reviewed By** _____

RECORDS & COMPLETION CHECKLIST

Official Transcript Received	YES ☐	NO ☐	Graduation Audit Completed	YES ☐	NO ☐
Complete Records Received	YES ☐	NO ☐	Student Schedule Adjusted	YES ☐	NO ☐
Follow-Up Required	YES ☐	NO ☐	Records Entered Into SIS	YES ☐	NO ☐
Transfer Credit Evaluation Completed	YES ☐	NO ☐	Permanent Record Filing Completed	YES ☐	NO ☐

Follow-Up Date (if needed) _____ **Date Review Completed** _____

Internal Notes

CONFIDENTIALITY NOTICE

This form and any educational records transmitted in response to it are intended for authorized educational use. Records should be handled, stored and disclosed in accordance with applicable student-record privacy requirements and Ascend Academy Online High School policies.