TRANSCRIPT REQUEST FORM PERMISSION FOR RELEASE OF STUDENT INFORMATION

Submit completed and signed form to US Office

I hereby authorize the Registrar (or his/her designee) of

Cary Academy Upper School

1500 N. Harrison Avenue Cary, NC 27513

To release an Academic Transcript for the person identified below:

Date of request:		Date of Birth:		CA Graduation	CA Graduation Year:	
Student:	Last		First		Middle	
Please Ema	ail to:				_	
OR						
Will pick up (provide date, if	O:					
OR						
Please mai	l to:	NAME OF SCHOOL/ORGANIZA	ATION		_	
		ADDRESS				
		CITY	STATE	ZIP CODE	<u> </u>	
		PHONE NUMBER				
DATE DU	E AT SC	HOOL/ORGANI	ZATION:	_		
		STUDENT or PA				
		ADDRESS				
		CITY	STATE	ZIP CODE	<u> </u>	
		PHONE NUMBER				