

**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 Year: _____

Student:	Last	First	Middle
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Special Requests:

Will pick up: _____
 (provide date, if applicable)

OR

Please mail to:

NAME OF SCHOOL/ORGANIZATION

ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER

DATE DUE AT SCHOOL/ORGANIZATION: _____

STUDENT or PARENT/GUARDIAN SIGNATURE (if under 18)

ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER