Hunter McGuire School

Excellence in Elementary Education

Transcript Release Request

Parents: Please complete and sign this form, and deliver or send to the office of your child's current school.

Applicant's Name: _____
First Middle Last

Present School: _____

Current Grade: _____

To Whom It May Concern: I hereby request that you send all records, including transcripts, immunization records, achievement/aptitude test results, and personal evaluations to Hunter McGuire School, to which the Applicant has applied for admission. Thank you.

Mia Kivlighan
Director of Admissions
Hunter McGuire School
74 Quicks Mill Road
Verona, VA 24482

Signed: _____
Parent/Guardian

Date: _____

Hunter McGuire School
74 Quicks Mill Road
Verona, VA
24482
www.huntermcguire.org
(540) 248-2404 *ph*
(540) 248-5323 *fx*