



ATTN: Registrar or Counselor

Request Date: 1st _____ 2nd _____ 3rd _____

RELEASE OF STUDENT RECORDS

The student below has enrolled in Texas Success Academy. Please fax the following records:

- ☐ Official Transcript
- ☐ Permanent Health Record
- ☐ Test Scores
- ☐ Current Grades
- ☐ Diagnostic Testing Results

We prefer that you fax or email these records to 1-877-330-2606 or email it directly to Registrar@TexasSuccessAcademy.com.

If faxing is not possible mail records to:

Texas Success Academy
ATTN: Registrar's Office
1400 W. Mayfield Road, Bldg 350
Arlington, TX 76015

Student's Name (at time of enrollment at previous high school):

Date of Birth: _____ Social Security Number: _____

Former High School _____

City _____ State _____

I give my permission for this record transfer to Texas Success Academy.

Student or Parent's Signature: _____ Date: _____

Luke 1:37 *"For Nothing is impossible with God."*

1400 W. Mayfield Road, Bldg. #350 Arlington, TX 76015

Toll Free 1(800) 918-7640 or local 817-472-1117 Toll Free Fax 1(877) 330-2606

www.TexasSuccessAcademy.com