

## VERITAS COLLEGIATE ACADEMY

8800 Arlington Boulevard Fairfax, Virginia 22031 866-LOGIC-33

## TRANSCRIPT AND RECORDS REQUEST

Student:		
Last, Suffix	First	Middle
<b>A</b> ddress:		
Home Telephone:	Student's Birth date:	
Parent's E-mail:	Parent's Cellph	one:
Requ	JESTING RECORDS FF	ROM:
School:		
Address:		
Telephone: Ad	dmissions E-mail:	
I authorize the release of an <b>offi</b> results, attendance records, immeducational evaluation, and any	nunization form, health red	cords, psychological-
V	eritas Collegiate Academy	7
	8800 Arlington Boulevard	
	Fairfax, VA 22031 Phone: 866-LOGIC-33	
E-n	nail: dcadmin@veritasca.co	om
Signature and Printed Name of Parent/Guard	 lian	 Date