

Request for Transcripts or Records K-8

Parent Name: _____

Please submit this form to A. D. Henderson University School for transcripts and records requests. The form can be returned to A. D. Henderson's main office or e-mailed to the Admissions Office at ADHUSRecords@adhus.fau.edu. (Please allow 2 business days for processing your request.) Date: ____/___ _____ Date of Birth: _____ Grade: _____ Student Name: _____ I hereby authorize A. D. Henderson University School to send the following records: Please check box below: **Document Name** Official Transcript **Unofficial Transcript Final Report** KG 12th Card 10^{th} 12^{th} 5th Standardized KG Test Scores **End of Course Assessment Tests (EOC) results for:** Algebra 1 Algebra 2 Geometry Biology 1 U.S. History Civics Education Immunization, Form DH 680 Physical Examination Form DH 3040 Other – Please specify **For a paper transcript, fill out the section below. Official transcripts (sealed envelope) and unofficial transcripts (unsealed envelope) can be picked up at the ADHUS front office. School, College, University or other educational institution name: Address: _____ City, State, Zip Code: _____ Attention to: Student Name: Student Signature:

Parent Signature: