

Academic Records Request

To: Office of the Registrar

School Name _____

Address _____

Phone Number _____

Please send medical records, testing information and an official transcript for my child,

_____, to the following address:

(Name of child)

The School for Young Performers
Office of Admissions
175 W. 92nd Street
Suite 1D
New York, NY 10025

Signed: _____
(Parent or legal guardian)

Dated: _____

Print Name: _____
(Parent or legal guardian)

(Note to parents – please mail this form directly to your child’s present school)