



## Transcript Request Form

The following student has applied for admission to Treign Christian Academy.  
Please send a copy of all school records to the following address.

### Mail to : Treign Christian Academy

Attn: Dana Craig  
P.O. Box 1944  
Mannford, OK 74044

To be completed by parent:

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Full Legal Name of Student

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Birthdate

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Grade to Enter

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Name of School Last Attended

Telephone

Fax

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School Address\*

City

State

Zip

**I give permission to release all school records to Treign Christian Academy, including, but not limited to : health, grades, testing, cumulative, and special education records.**

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Signature of Parent or Legal Guardian

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Date

\*Please complete this form in its entirety and submit it with your application for admission.

*Education records are maintained and released in accordance with the Family Education Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR 99.31.*