

Frankel Jewish Academy  
TRANSCRIPT RELEASE FORM

Name: \_\_\_\_\_  
(Print first and last name)

Birthdate: \_\_\_\_\_ (mm/dd/yyyy)

**THIS DOCUMENT MUST BE SUBMITTED BEFORE ANY OFFICIAL TRANSCRIPTS ARE RELEASED. APPLICATIONS CANNOT BE PROCESSED IF THIS DOCUMENT IS NOT ON FILE.**

**\*\*IT IS THE STUDENT'S RESPONSIBILITY TO SUBMIT ALL APPROPRIATE TEST SCORES DIRECTLY FROM ACT OR SAT PRIOR TO APPLICATION SUBMISSION TO THE COLLEGE\*\***

The Frankel Jewish Academy of Metropolitan Detroit will release student transcripts upon request from the student and/or parent(s). The transcript includes courses, weighted and unweighted GPA's and credit earned from 9<sup>th</sup> through 12<sup>th</sup> grades.

I authorize the Frankel Jewish Academy of Metropolitan Detroit to release my transcript with my applications.

I further authorize the Director of College Counseling or other appropriate FJA personnel to make direct contact with relevant college admissions officers on my/my student's behalf.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)