



*Educating the Mind*

*Enlightening the Heart*

10311 NW 58<sup>th</sup> Street: Doral, FL 33178: 305-597-4545: www.dslca.org

## TRANSCRIPT REQUEST

Date: \_\_\_\_\_

TO: \_\_\_\_\_  
Name of School

Enclosed please find a **Divine Savior Academy** parental Release of Records.

As parent/guardian of \_\_\_\_\_ DOB \_\_\_\_\_  
Full Name of Student

I hereby give permission for the immediate release of the following records

- Academic
- Attendance
- Conduct
- Medical
- Psychological
- Social

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please forward his/her records to:

**Mrs. Juanita Wells**  
Director of Admission  
Divine Savior Academy  
10311 NW 58<sup>th</sup> Street  
Doral, FL 33178  
305-597-4545 Ext. 0

I understand that this information will be used in the best interest of the above named person, with due respect to confidentiality.