



Areteem Institute

www.areteem.org

(949) 305-1705

info@areteem.org

Transcript of School Record Request

To the Parent(s): After you have completed and signed the section below please give this form to the Registrar or Head of School at your child's current school.

Name of Student _____

Name of Current School _____ Current Grade _____

School Address _____ Phone # _____

I authorize my child's current school to release his/her official transcript of records to Areteem Institute's Admissions Department. I understand that all information shared is confidential.

Signature _____ Date _____

To the Head of School or Registrar:

The student whose name appears above is applying for admission to Areteem Institute. Kindly provide us with the student's Transcript of School Records for the past two years. We would also like to receive a copy of any testing administered within the last two years. All information provided will be kept confidential and used for admissions purposes only.

If you have any questions, please contact me. Thank you very much for your cooperation and assistance in this admissions process.

Sincerely,

Kelly Ren
Director