

# Renaissance Academy

## Transcript Request

Previous School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear Registrar:

Student: \_\_\_\_\_ has enrolled in Renaissance Academy Charter School. Records may be sent via email (preferred) to [info@rschool.net](mailto:info@rschool.net), fax or hard copy to the address below. Please be sure to include all records including any **IEP information**.

Please send transcripts to:

Renaissance Academy Charter School  
4093 W. U.S. Hwy. 20  
LaPorte, IN 46350

Thank you for your attention to this matter.

Sincerely,

Kieran McHugh  
Head of School

I hereby authorize \_\_\_\_\_ School to release previous school records to Renaissance Academy Charter School.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

Federal Law 9931 waives parent signature requirements for educational records sent to another educational agency

*4093 West US20, LaPorte, Indiana 46350*  
*ph: (219) 878-8711 fax: (866) 311-8321 [www.rschool.net](http://www.rschool.net) [info@rschool.net](mailto:info@rschool.net)*