



TRANSCRIPT REQUEST FORM

The Academy @ MSA • 5775 Barclay Dr, Suite 4 • Alexandria, VA 22315
www.metropolitanarts.org • academy@metropolitanarts.org • 703.339.0444

CONFIDENTIAL

Name of Applicant _____
Last First Middle

Preferred Name _____ Date of Birth _____ Current Grade in School _____

Applying for Grade: 6 7 8 9 10 11 12 Starting September, 20 ____ male female

Name of current school: _____ Dates of attendance: _____

School Address: _____
City State Zip

We/I authorize our son/daughter's complete academic transcript, disciplinary record and testing results to be released to Metropolitan School of the Arts.

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

Please attach the applicant's transcripts from at least the prior year and current year, including all grades, testing results and corresponding marking system. Please return directly to Metropolitan School of the Arts at the address listed below.

School Official Signature _____ Date _____

Please print name _____ Title _____

Name of School _____

School Address: _____

City State Zip
Telephone Number () _____ Email _____

Please mail application to:

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Applications received after February 28 will be considered on a rolling basis.