



Transcript Request

The Academy @ Metropolitan School of the Arts
5775 Barclay Drive, Suite 4 • Alexandria, VA 22315
www.metropolitanarts.org • academy@metropolitanarts.org • 703.339.0444

Name of Applicant _____
Last First Middle

Date of Birth _____ Current Grade in School _____

Applying for Grade: ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 Starting Fall /Spring 20 _____

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

Name of parent or guardian
(please print)

Signature of parent or guardian

Date

Name of School _____

Address: _____
Street

City State Zip

School Official Signature _____ Date _____

Name (Please print) _____

Email _____ Phone _____

Please attach applicant's transcripts from at least the prior year and current year, including all grades, testing results and corresponding marking system.

Unofficial transcripts can be emailed to academy@metropolitanarts.org

Official transcripts and confidential school records can be mailed to

Metropolitan School of the Arts • Attn: Academy Admissions
5775 Barclay Drive, Suite 4 • Alexandria, VA 22315

Metropolitan School of the Arts admits students of any race, color, religion, sexual orientation, national or ethnic origin.