



Transcript and Records Request Form

Student _____

Address _____

Telephone _____

Birthdate _____

Present School _____

Telephone _____ Fax _____

I authorize that an official transcripts, current grades, standardized test results, attendance records, disciplinary records, immunization form, psychological/educational evaluation and any special education records be sent to:

**Office of Enrollment Management
Chesapeake Bay Academy
821 Baker Road
Virginia Beach, VA 23462**

Parent/Guardian Signature