



Records Request Form

To the Student:

Salem Academy must have an official copy of your final transcript on file prior to enrollment as well as any standardized tests and/or psychological reports. Please **complete this form and submit it to your guidance counselor or registrar** at your earliest convenience so that they may forward this information to Salem Academy. Thank you.

Date of transcript request: _____

Student's full name: _____

Signature of Student

Date Signed

Signature of Parent or Guardian if student is under age eighteen

Date Signed

To the Guidance/Registrar's Office:

This student has been accepted for the Fall Semester at Salem Academy. We ask that you process this request for a final transcript and testing information and email or mail it to the address below at your earliest convenience:

Email the Academy registrar: kara.weimer@salem.edu

Mailing Address:
Salem Academy Registrar's Office
601 South Church Street
Winston Salem, NC 27101

If you have any questions regarding this final transcript request, please email the Salem Academy Registrar at kara.weimer@salem.edu or the Salem Academy Admissions Office at (336) 721 - 2643 or email academy@salem.edu.