



# Transcripts and Records Release Form

Please complete and include this form with your application. Spark Academy of Advanced Technologies will send this form to the appropriate school once the applicant is enrolled at Spark.

## Student's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City / Town of Legal Residence: \_\_\_\_\_

Current School or Sending District: \_\_\_\_\_

Current School District Address: \_\_\_\_\_

The above student is enrolling in Spark Academy of Advanced Technologies for the 2021-2022 academic year.

I / We hereby grant permission to release the full cumulative file including health records, IEP / 504 plan (if applicable), and S.A.S.I.D. number of the applicant listed above to the Spark Academy of Advanced Technologies.

Records should be sent to:

**Spark Academy of Advanced Technologies**  
**1066 Front Street**  
**Manchester, NH 03102**

Signature Parent / Guardian (1): \_\_\_\_\_

Print Parent / Guardian (1): \_\_\_\_\_

Signature Parent / Guardian (2): \_\_\_\_\_

Print Parent / Guardian (2): \_\_\_\_\_