



Berea S.D.A. Academy

800 Morton Street, Mattapan, MA 02126

(617) 436-8301

TRANSCRIPT REQUEST FORM

I authorize Berea Seventh-day Adventist Academy to release an official transcript and all other records to the school specified below.

Signature of Parent/Guardian

Date

Student's Name _____

Date of Birth _____ Telephone: _____

School Name (to send transcript) _____

School Address _____

School Telephone # _____

Father's Name _____

Mother's Name _____

Processed by: _____

Date Released: _____