



# THE WELSH ACADEMY

IN HONOR OF REV. ROBERT J. WELSH, S.J. '54

## Authorization Form for Transcript of Student Grades

With this form, I authorize the school to send my son's official school transcript, report cards, standardized test results/assessments. Attendance, and health records (including immunization records) and all other records, (IEPs, psychological reports, etc.) to The Welsh Academy.

Student's Name: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to  
*Name of Current School*

Immediately release a copy of the academic records of \_\_\_\_\_  
*Student's Name*

**The Welsh Academy**  
ATTN: Barbara Watowicz  
1911 West 30<sup>th</sup> Street  
Cleveland, OH 44113

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**NOTE:** IF THERE ARE ANY QUESTIONS REGARDING TRANSCRIPTS OR THE APPLICATION PROCESS, PLEASE CONTACT BARBARA WATOWICZ AT (216) 651-0222 OR MARY ANN VOGEL AT (216) 235-2185.

**ATTENTION PARENTS:** THE WELSH ACADEMY WILL DIRECTLY SUBMIT THIS SIGNED FORM TO YOUR SON'S SCHOOL. PLEASE **DO NOT SUBMIT** ON YOUR OWN.