

STUDENT RECORDS REQUEST

This form must be fully completed.
Please Print or Type.

I am seeking admission to Metropolitan School of the Arts of Kansas City. Please submit the following academic records to be sent on my behalf:

REQUEST FOR RECORDS TO BE SENT:

I hereby authorize _____ (School Name) to release all records, including academic, disciplinary, of:

Student's Last Name	First Name	Middle Initial
_____	_____	_____
Student's Birthdate	Last 4 Digits of Social Security Number	
_____	_____	
Current Grade Level	_____	
_____	_____	
Parent Signature/Date	Student Signature/Date (if over 18 yrs old)	
_____	_____	

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PLEASE SEND RECORDS TO:

Enrolling School: **Metropolitan School of the Arts of Kansas City**

Address: **10520 Reeder Street**

Phone: **913-593-5572**

City/State: **Overland Park KS 66215**

Scan and Email Documents To: saspleaf@msakc.art

FAX Documents To: 913-273-6592

- Cumulative Record (including transcript, test scores and attendance)
- Report Card