



Transcript Request Form

Please print legibly.

Name at time of enrollment: _____
Last First Middle Suffix

Current name (if different from above): _____
Last First Middle Suffix

Date of birth (required): _____

Phone: _____ **Email:** _____

 **Signature:** _____ **Date:** _____

By federal law, your legal, hand-written signature is required to authorize the release of your transcript.
Hand-writing style fonts or digital signatures will not meet this requirement.

The transcript must go directly to Blyth-Templeton Academy.

**Please use our mailing address:
Blyth-Templeton Academy Admissions
41 Peabody Street
Nashville, TN 37210**

Or email to:

nashvilleadmissions@blythtempleton.org