



ACADEMIC REQUEST FORM

Student's Full Name: _____

Document Type: Unofficial Transcript Official Transcript
 Midyear Report End-of-Year Report

Letter of Recommendation, Desired Faculty: _____

Other: _____

Please mail/ fax/ email my documents to the following recipients:

INSTITUTION:

ADDRESS, FAX # OR EMAIL ADDRESS:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By signing below, you allow Greenbrier Academy to forward the above documents and discuss both academic and therapeutic subjects regarding the above student with the above listed institutions.

Student's Signature (18+) _____

Parent/Guardian Signature (17-) _____