

# GREENVILLE CLASSICAL ACADEMY

## Transcript Request Letter

Email: [office@greenvilleclassical.com](mailto:office@greenvilleclassical.com)  
Web address: [www.greenvilleclassical.com](http://www.greenvilleclassical.com)  
Phone: 864.329.9884  
Tim Cockrell, Dean of Students

Date: \_\_\_\_\_

\_\_\_\_\_ has applied for admission to the \_\_\_\_\_ grade  
(student's full name)

at Greenville Classical Academy. Please send a complete transcript (photocopies) of grades, test results, medical forms, cumulative records, and any other pertinent information you may have which will enable us to assist the student in his/her enrollment process at our school. Thank you for your prompt attention to this important matter.

Sincerely,

Tim Cockrell, Dean of Students

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*(To be filled out by parent of student)*

I give permission for the release of all records pertaining to my child,

\_\_\_\_\_  
(student's full name)

Please send the records to:  
**Tim Cockrell, Dean of Students**  
**Greenville Classical Academy**  
**2519 Woodruff Road**  
**Simpsonville, SC 29681**

\_\_\_\_\_  
(signature of parent)

Date: \_\_\_\_\_

Name of last school attended: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_