



## Request for Transcripts

**Parents:** Please complete this form and submit to your daughter's current school.

*By signing below, I authorize \_\_\_\_\_ (school name)  
to release final report cards and standardized test scores and medical records to Maryvale  
Preparatory School.*

Student Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

**School Administrator:** Please send the academic records from the current school year and all standardized testing and to [admissions@maryval.com](mailto:admissions@maryval.com). All transcripts and referral forms should be received by **December 10, 2025**.

**Maryvale Preparatory School  
Admissions Office  
11300 Falls Road  
Lutherville, MD 21093**

**Phone: 410-308-8500  
Fax: 410-308-2037  
Email: [admissions@maryvale.com](mailto:admissions@maryvale.com)**