



School Transcript/Grade Request Form Health Sciences and Technology Academy

Dear Principal/Counselor:

The following student, _____, is a member of the **Health Sciences & Technology Academy (HSTA)**. The HSTA program requires a current school transcript or report card to be placed in the student's file at the end of each grading period. HSTA students are required to maintain a minimum GPA (2.5 for 9th Graders; 3.0 for upper classmen) Please send or fax one copy of the above student's most recent transcript to:

The Health Sciences & Technology Academy (HSTA)

Field Site Contact Here

Student Name (Print): _____

Student's Signature: _____ Date: _____

Parent/Guardian-Name (Print): _____

Parent/Guardian-Signature: _____ Date: _____