

Release of Permanent School Records

Previous School Attended

School Name: _____

Address: _____

Phone Number: _____ Fax# _____

School District: _____

Name	Grade 2016-2017	Birth Date

1. Please forward, for the above named student(s), all records not requiring parent approval to George Washington Academy: standardized test results, health records, academic reports, etc.
2. In compliance with Family Education Rights and Privacy Act of 1974, which requires consent for the release of certain information, I hereby give consent for release to George Washington Academy the records and reports indicated below:

- Special Education Records
- Psychological Reports
- Others as indicated _____

Parent's Signature _____ Date _____

Principal's Signature _____ Date _____