

Release of Permanent School Records

Previous School Attended

School Name: _____

Address: _____

Phone Number: _____ Fax# _____

School District: _____

| Name | Grade 2017 - 18 | Birth Date |
|------|-----------------|------------|
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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 _____