



Amelia Academy

Student Release of Records Request

Student's Name

Date of Birth

Name of School Presently Attending

Address

City

State

Zip

Telephone

Fax

Withdrawal Date

To whom it may concern:

I authorize Amelia Academy to obtain all school records for the above-named student, including the following:

- Scholastic record, including grading scale
- Medical records
- Attendance
- Discipline records
- Standardized test data
- Driver education credit, if any
- Confidential records

Any additional information you feel will be helpful in working with this student will be appreciated.

Sincerely,

Signature of Parent/Guardian

Date

Send to: Amelia Academy Admissions
P.O. Box 106
Amelia, Virginia 23002
Fax: (804) 561-4934