

## 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 records  
Discipline records

Standardized test data  
Driver education credit, if any  
Other confidential records

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

Sincerely,

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please send information to: Amelia Academy Admissions  
P.O. Box 106  
Amelia Court House, VA 23002  
FAX: (804)561-4934