

# RELEASE OF STUDENT RECORDS

**To Parent(s)/Guardian: Please fill out this form and submit it to the records clerk of your child's present school.**

Full Name of Student: \_\_\_\_\_ Birthdate \_\_\_\_\_  
Current Grade \_\_\_\_\_ Current Academic Year \_\_\_\_\_

I hereby authorize (student's present school) \_\_\_\_\_ to release school records to Powhatan School for the purpose of admission consideration. Please INITIAL each item of information listed below you wish to have released.

- \_\_\_\_\_ Academic transcripts.
- \_\_\_\_\_ Identifying information, attendance record, record of release of permanent record information, accident and health record honors and awards received, participation in school-sponsored activities.
- \_\_\_\_\_ Disciplinary information.
- \_\_\_\_\_ Teacher anecdotal information.
- \_\_\_\_\_ Verified reports from non-school persons or agencies.
- \_\_\_\_\_ \*Case studies (includes psychological evaluations).
- \_\_\_\_\_ \*Special education files including reports of multidisciplinary staffings .
- \_\_\_\_\_ \*Verified reports from non-school persons or agencies which were part of special education decisions.
- \_\_\_\_\_ \*Social work reports.
- \_\_\_\_\_ \* IEP (Individual Education Program).
- \_\_\_\_\_ OTHER

\_\_\_\_\_ \* As parent/guardian, I waive the right to inspect, copy, and challenge the contents of the student records.

\_\_\_\_\_ (Parents/Guardian Signature)  
\_\_\_\_\_ (Name)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (Phone Number)

Records Clerk: Please send copy of Student Records to:

Powhatan School: Director of Admission

49 Powhatan Lane Boyce, VA 22620 PH: 540 837-1009 FAX 540 837-5061

email: mikehatfield@powhatanschool.org