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