

## 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.

- \_\_\_\_\_ Identifying information, academic transcripts, attendance record, record of release of permanent record information, accident and health record honors and rewards 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 540 837-2558

*"Preparing for the future, one child at a time."*