

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."