

Authorization for Release of Student Records

School Name: _____

Address: _____

Student's Name: _____

Date of Birth: _____

Current or Most Recent Grade: _____

I authorize the release of the information below to Acacia Academy.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

To the Registrar:

This student has applied for admission to Acacia Academy (AA). Please send the following information on this student directly to AA. This information will become part of the school records of AA.

1. Transcript of academic record, including courses taken and grades received
2. Attendance records
3. Immunization records
4. Results of standardized achievement testing
5. Results of aptitude or other specialized testing
6. Disciplinary records, if applicable
7. Copy of most recent IEP, if applicable
8. Copies of faculty evaluations or other special evaluations or reports

Please mail to:

Acacia Academy
Attn: Admissions Committee
830 S. Main St.
Kokomo, IN 46901