

Request to Send Scholastic Records/ Release Confidential Information



TO: _____
School/Agency Name

Address

City State Zip Code

_____(_____)_____

Telephone Number

_____(_____)_____

Fax Number

I hereby request and authorize the disclosure of the information listed below from the scholastic records of:

Student Name: _____

Date of Birth: ____/____/____

I authorize the following records to be released:

1. all scholastic records
2. all school attendance records
3. Health Examination & Immunization Records
4. all scholastic testing
5. any special education testing
6. any special education Individual Education Plan [IEP] records
7. any special programs in which s/he participated [gifted/resource]
8. discipline records
9. any additional pertinent information

____ Please send the requested information in reference to the above noted student's application to:

Al-Fatih Academy
ATTN: Principal
12300 Pinecrest Rd.
Reston, VA 20191

SIGNATURE:

Parent/Guardian Signature OR Student Signature, if 18 years or older

Date of Signature

Printed first and last name of parent/guardian

_____(_____)_____
Telephone Number