



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: Admissions
12300 Pinecrest Rd.
Reston, VA 20191

Records may also be emailed directly to Registrar@alfatih.org.

SIGNATURE:

Parent/Guardian Signature

Date of Signature (not required with digital signature)

Printed first and last name of parent/guardian

Telephone Number