



## Request for Release of Records

Name of Applicant \_\_\_\_\_

Current Grade \_\_\_\_\_

### *To Parents(s)/Legal Guardians:*

Please review and complete the authorization below and deliver this document to the guidance office at your son's current school.

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational Rights and Privacy Act of 1974, the undersigned hereby consents to the release of all educational records pertaining to the above named applicant to Fishburne Military School, including recommendations and other information that may be requested.

### Release Statement:

I hereby request that \_\_\_\_\_ (NAME OF CURRENT SCHOOL) release a copy of the materials listed below to the Admissions Office at Fishburne Military School.

\_\_\_\_\_  
*Signature of Student's Legal Parent(s)/Guardian(s)*

\_\_\_\_\_  
*Date*

### *To Guidance Counselor:*

*The above named student has applied for admission to Fishburne Military School.*

*At the parent's request (by the signature above), please provide the following:*

1. Academic transcripts (indicating courses, grades, and an explanation of the school's grading system, if applicable).
2. All conduct, discipline and immunization records.
3. All psychological testing or evaluations that may have been conducted by professionals, including an Educational/Psychological Assessment.
4. A copy of the student's complete standardized test profile, if available.

*Thank you for your cooperation and assistance in this application process. Please return requested materials by FAX or email using the contact information in this document's header.*