



YORK ADAMS ACADEMY

York Learning Center • Suite 500 • 300 East 7th Avenue • York, Pennsylvania 17404

Phone: 717-718-5836 • Fax: 717-767-4336

Permission to Release Student Information

I hereby give permission for York Adams Academy to release the student records for

_____ to _____
Student's Name (Maiden Name) (School/Organization)

Address of School/Organization to send transcripts:

I would like a copy of my transcripts emailed to the school/organization

Email Address: _____

I would like a copy of my transcripts emailed to me

Email Address: _____

I would like a copy of my transcripts also mailed to me

Mailing Address:

It is my understanding that all information will be utilized only by professional personnel to aid in his/her educational programming and/or employment hiring process.

Student Signature

Parent/Guardian Signature
(If student is not over 18 years of age)

Date

Date