



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)

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