



ALAMANCE ACADEMY DAY

STUDENT RECORDS RELEASE AUTHORIZATION

Alamance Academy Day, 106 S Broad Street, Burlington, NC 27215 Phone: (336) 343-3313

Student Information

Student Full Name	Date of Birth	Grade Applying To
Parent/Guardian Name(s)	Phone Number	Email Address
Current Address		

Releasing School/Agency Information

Name of School/Agency	Phone Number	Fax Number (if available)
Address of School/Agency		

Records Requested

- School Transcript / Report Cards
- Individualized Education Program (IEP) or 504 Plan (if applicable)
- Psychological and/or Educational Testing Records
- Behavioral or Discipline Records (if applicable)
- Attendance Records
- Immunization and Health Records

Records may be sent electronically to: aad@alamanceacademyday.org or mailed to the school address listed above.

Authorization

I hereby authorize the release of the above-listed educational, medical, and testing records to Alamance Academy Day. I understand that this release is valid for one year from the date signed and that I may revoke this permission in writing at any time.

Parent/Guardian Signature	Date
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