

New Heights Academy Record Request Form

Student Information

<i>Full Name</i>	<i>Date of Birth: MM/DD/YYYY</i>	<i>Social Security Number</i>

School/Therapy Facility/Physician Information

<i>Facility Name</i>	<i>Address</i>	<i>Phone Number</i>

I authorize the release of my child's records. Please send to the school and address listed below.

Parent Full Name:	Signature:	Date: MM/DD/YYYY

Note to school:

A request has been made for educational services to be provided at New Heights Academy to the above-named child. We would appreciate having from your files and all materials that might be helpful in working with this student.

Information requested:

Transcripts and educational records, psychological evaluations and testing, IEPs, educational testing, health and attendance reports, disciplinary records, any other records available.

Please send records to:

New Heights Academy

Attention: Director of Education

vivian@newheightsacademyga.org

If you have any questions regarding this request please direct all your questions to Vivian Gesualdi, M.Ed., Director of Education at NHA.