ALAMANCE ACADEMY DAY

STUDENT RECORDS RELEASE AUTHORIZATION

Student Information

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

Releasing School/Agency/Provider Information

Name of School/Agency/Provider	Phone Number	Email Address
Address of School/Agency/Provider		

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, Medications, 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. I authorize Alamance Academy Day ("AAD") to exchange relevant information with the provider listed for the purpose of supporting my child's academic, behavioral, emotional, and social development within the school setting. This authorization is intended to support transition and promote collaboration between school personnel and the provider to ensure consistency of support strategies.

Parent/Guardian Signature	Date