

# Student Record Release Form

**It is necessary that the parent or guardian complete this form, so that the Academy office may obtain records.  
Please return this to us with the application.**

## STUDENT INFORMATION

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Home Address** \_\_\_\_\_

**SSN#** \_\_\_\_\_

**School Name** \_\_\_\_\_ **Years Attended** \_\_\_\_\_

**School Address** \_\_\_\_\_  
City State Zip

**School Phone** \_\_\_\_\_ **School Fax** \_\_\_\_\_

### Information to be released (copies only):

1. Scholastic Records (Include current year's grades)
2. Standardized Test Records
3. Discipline Records
4. Health Records
5. IEP (Individual Educational Placement)

## AUTHORIZATION STATEMENT AND SIGNATURE:

You are hereby authorized to furnish Tabernacle Baptist Academy with the above information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

**Please mail this information to:** **Tabernacle Baptist Academy**  
**717 Whitehurst Landing Rd.**  
**Virginia Beach, VA 23464**

**First Request** \_\_\_\_\_

**Second Request** \_\_\_\_\_

**Third Request** \_\_\_\_\_