



THE ACADEMY

Exceptional Education ~ Extraordinary Opportunities

To: _____

Re: _____

(Name of Student)

Address: _____

Age: _____ Birth date: _____

Date: _____

1. You are authorized to release the records listed below for the above named student to:

The Academy
11 Sycamore Creek Dr
Springboro, OH 45066
937.748.1991

2. Specific data to be released: (please check)

- Grades
- Attendance
- Health Records
- Psychological Evaluation
- Evaluation Team Report
- I.E.P.
- Kindergarten Screening
- Other (please specify) _____

3. Reason for Request: (please check)

- To aid in present and future educational decisions
- Other: (please state)

Signature of parent / guardian / students
(Student must be 18 years old)