

PERMISSION FOR SCHOOL TO RELEASE STUDENT RECORDS

Student's Name:	Current Grade Level:
Current School:	School Phone Number:
Parent/Guardian(s):	
1. Please complete the information above.	
2. Please review, complete, sign, and date t	the permission below.
3. Please give this form to the principal or to	the guidance counselor at your child's current school.
To allow the application for my child,	, to be considered, I/we
authorize the release of his/her academic re-	cords and any test data and evaluations, as requested by
Angelus Academy. I/We hereby authorize A	Angelus Academy to contact my child's school and other
* *	s application, and I/we will not seek access to confidentia
	ssion decision is made. I/We understand that the
	e of determining whether Angelus Academy can provide
• • • • • • • • • • • • • • • • • • • •	easonable accommodation(s) and that it will not be
	therwise qualified for admission. I/We release every
•	lity resulting from and pertaining to the furnishing of
records, documents, and other information p	provided to Angelus Academy for that purpose.
Parent/Guardian(s) Signature(s):	Date:
Applicant's Current School:	
	als for the student named above to Angelus Academy:

- 1. Current school year's report card, any progress reports, and the report cards from the past two years. *If not part of the report cards, please also include attendance and any disciplinary records.
- 2. Scores of any standardized tests taken during the last two years, if available.
- 3. 504 Plan, Individualized Education Program (IEP), and/or Student Assistance Plan, if applicable, along with any relevant testing and documentation.

Please send all requested materials directly to: Angelus Academy

Attention: Admissions 7644 Dynatech Court Springfield, VA 22153

Please contact Angelus Academy at 703-924-3996 or admissions@angelusacademy.org with any questions. Thank you!