

PERMISSION FOR SCHOOL TO RELEASE STUDENT RECORDS

Student's Name:	Current Grade Level:
Current School:	School Phone Number:
	permission below. guidance counselor at your child's current school, to be considered, I/we
authorize the release of his/her academic record Angelus Academy. I/We hereby authorize Angsources to obtain information to support this appropriate or after an admission information requested is for the sole purpose of my child with an appropriate education or reasconsidered in determining whether s/he is other	ds and any test data and evaluations, as requested by gelus Academy to contact my child's school and other oplication, and I/we will not seek access to confidential on decision is made. I/We understand that the f determining whether Angelus Academy can provide onable accommodation(s) and that it will not be rwise qualified for admission. I/We release every resulting from and pertaining to the furnishing of
Parent/Guardian(s) Signature(s):	Date:
 Current school year's report card, any progyears. *If not part of the report cards, please al Scores of any standardized tests taken during 	m (IEP), and/or Student Assistance Plan, if applicable, tation.
Please contact Angelus Academy at 703-924-3	996 or admissions@angelusacademy.org with any

questions. Thank you!