



## RECORDS RELEASE FORM

**ATTENTION PARENT(S):**

**Please fill in the information below and submit the form to your child's present school.**

Child Name (Last, First) \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth (dd/mm/year) \_\_\_\_\_ Gender: Male Female Current Grade \_\_\_\_\_

**I (we) parent(s) request and authorize the proper authorities at:**

Name of Child's Current/Previous School _____	Dates of Attendance (mm/year) From _____
Address: _____ _____	To _____

**to release a copy of the following parts of my child's record to Northern Academy of the Arts, in which admission is being considered. The records can be sent via one of the following ways:**

<b>Email</b> (preferred)  admissions@northernacademy.org	<b>Mail to :</b>	Admissions Office Northern Academy Of The Arts 1 Ashley Ave. Middletown, NY 10940, USA	<b>Fax</b>  1 (845)913-9483
--	------------------	---	-----------------------------------

- Please Check All:**
- Transcript of grades, tests, and attendance records
  - Verification of last grade attended
  - Verification of birth date/birth certificate
  - Health records/immunization records
  - Special education records (IEPC, diagnostic reports, etc.)
  - Record of extracurricular activities

Parent Name (Last, First) \_\_\_\_\_ Contact Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_