



# General Education-Authorization for Release of Records

This is an official request for a student's educational records. The information contained in this request should be considered private. Please complete all the information in full and then finalize your request by clicking 'Submit'. PLEASE NOTE: In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, Blue Ridge Academy will release to the school named below the student's records requested via this form.

**Email: \***

**Requestor's Name: \***

**Requestor's Phone Number: \***

**Reason for Request: \***

New School of Attendance

**Name of your School or Place of Employment: \***

**Student 1: Student's First and Last Name: \***

**Student 1: Date of Birth: \***

Example: August 7, 2018

**Student 1: Grade Level: \***

- TK
- KN
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

**Student 1: First Date of Enrollment at Your School: \***

Example: August 7, 2018

**Please Release and mail the following Records:**

Entire Cumulative Record

Latest Report Card

Immunization Waiver

Enrollment Documents

**Student 2: First and Last Name:**

**Student 2: Date of Birth:**

Example: August 7, 2018

**Student 2: Grade Level:**

- TK
- KN
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

**Student 2: First Date of Enrollment at Your School:**

Example: August 7, 2018

**What Items are needed urgently? \***

Please be specific

**We only mail physical cumulative files, emailed will only be sent if urgent. How would you like to receive the records: \***

Urgently Emailed Only (If different from requestor's email address)

Mailed only

**Please Mail documents to: \***

Type N/A if not applicable

**\*We will forward physical Cumulative File at a later date, we don't house physical Cumulative Files. Please Email Urgent documents to: \***

Type N/A if not applicable

# Educational Institute Authorization

I hereby certify and verify that the named student is requesting enrollment in our school and that my signature below authorizes The Blue Ridge Academy to forward the educational use only. I understand that the recipient of the record(s) will use said document(s) for legitimate interests only and that the information contained therein shall be further transferred or communicated to any other part or agency without the expressed written consent of the current/former student except under authority of Public Law 93-380, Educational Rights and Privacy Act. By clicking 'SUBMIT', I certify this information as complete and accurate.

I declare under penalty of perjury that the foregoing is true and correct.

**Position/Job Title \***

**Requestor's Signature: \***