**Crown Preparatory Academy**

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**AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORDS**

I, \_**\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_ Parent \_\_Legal Guardian, authorize\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 PREVIOUS DISTRICT & SCHOOL NAME AND ADDRESS

to release records checked below, regarding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT

\_\_\_\_/\_\_\_\_/\_\_\_\_, to: \_\_\_\_\_\_\_**CROWN PREPARATORY ACADEMY**\_\_\_\_\_ \_ \_ (\_614 ) -\_636 -\_3775\_\_

 BIRTHDATE. SCHOOL NAME PHONE

\_\_\_ **2300 N CASSADY AVE, COLUMBUS, OH 43219**\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 SCHOOL STREET ADDRESS, CITY, STATE, ZIP CODE

for the purpose of\_\_ **school enrollment**\_\_\_\_\_\_\_\_\_\_\_\_\_.

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| **RECORDS TO BE RELEASED**The records released shall cover the dates of \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_. (Optional)PERMANENT RECORDS* Student’s Name, Address, DOB, Birthplace, Gender, Birth Certificate
* Attendance Records
* Academic Transcript
* Honors/Awards received
* Parent’s Name(s), Address(es)
* Participation in Extracurricular Activities
* Disciplinary Information
* Special Education Records
* Test Scores: intelligence, aptitude, achievement levels
* IEP
* Psychological Evaluations
* Educational Evaluation &Reports
* Speech, Physical, or Occupational Therapy Evaluations/Reports
* Medical/Nursing Records
* Other
* All of the above
 |

I understand that I have the right to inspect, copy, and challenge the content of the school student records for which I am authorizing release. I also have the right to designate the school student records to be release or to identify specific portions of a school record to be released by this consent. Any such limitations have been above noted.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

AUTHORIZED SIGNATUREDATE