



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. 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

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

Please Release and mail the following Records:

Entire Cumulative Record

Latest Report Card

Immunization Waiver

Enrollment Documents

What items are needed urgently?*

Please Email/Mail documents to:*

Type N/A if not applicable

Education 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 signing this document , I certify this information as complete and accurate.

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

Position/Job Title*

Requester's Signature

***Please attached in your email the Educational Records Request if you are a School/Agency.**