

Records Release Form

STUDENT'S NAME: _____ GRADE ENTERING _____

DATE OF BIRTH: _____ ENROLLMENT DATE _____

I hereby grant permission to release the following information: _____
Parent/Guardian signature

Please release the following records:

- Former and current grades
- IQ and Achievement Test scores
- Health records
- Other pertinent information

Please release to:

Azalea Park Baptist School
5725 Dahlia Drive
Orlando, FL 32807
407-277-4056

NAME AND ADDRESS OF LAST SCHOOL ATTENDED(to be completed by parent/guardian)

Thank you for completing this form. Please provide us with the following information in case we have questions.

Name of person completing this form

Date

Title

Phone

Date sent