



# Records Release Form

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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)

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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