



Student Records Release Authorization Form

Attn: Parent/Guardian

Please complete, sign, and return this form to Village High School. This will allow Village High School to request a copy of your child's records as part of the application process.

Student's First and Last Name:

Student's Date of Birth:

Current School Name and District
Name:

School Phone:

School Fax:

If at Current School for less than 1 year
Previous School Name and District Name:

School Phone:

School Fax:

I authorize copies of my child's records to be sent to Village High School in Academy District 20.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Attn: School Records Office

The child named above has applied to Village High School. **Do not disenroll student.**
Village High School will notify you if the student is accepted and enrolled.

- Report Cards/Transcripts/Grade
- Standardized test scores/data
- Behavior/Disciplinary Record, including suspensions or expulsion (if applicable)
- Attendance Record
- Learning Plans (IEP, 504, READ, MTSS/Rtl, ALP)
- Risk or Threat Assessments