



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 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 above-named child has applied to Village High School. DO NOT DISENROLL STUDENT. Village High School will notify you if student is accepted and enrolled.

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