



**COMMUNITY
SCHOOL**

Contact: Victoria Coogan

Director of Admissions

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Roanoke, Virginia 24019

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Authorization for Release/Exchange of Record Information
(for Community School to release student information)

Student's Name _____ Date of Birth _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Current or Last Grade Completed _____

I hereby authorize Community School to release my child's complete student record, including

1. Transcripts of elementary and middle school grades,
2. Elementary and middle school standardized test scores,
3. Most recent report card,
4. Confidential records (psychological, psychiatric, etc.),
5. Disciplinary records (behavior problems, suspension),
6. Other school records relevant to admission and placement (i.e. classroom accommodations, special program placement, IEP, ISP, 504 plan, additional educational assessments),
7. Health and Immunization records and birth certificate verification,

to _____ (Name of School or Individual) _____ (Phone)

_____.
(Street Address) (City) (State) (Zip)

I authorize the Executive Director, Director of Admissions, and teachers at Community School to discuss my child with the guidance counselor, teachers, principal and other school personnel at the above-named school or with the above-named individual. In addition, should my child enroll at the above-named school, I authorize Community School to forward my child's complete, updated records at the end of the current school year.

Date of Request _____ Parent's/Guardian's Signature _____