

# STUDENT RECORDS RELEASE FORM

## Parent information

Parent /guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Student Personal Information

Student: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Grd: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Grd: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Grd: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Grd: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Grd: \_\_\_\_\_

## Last School Attended

Last School attended Name: \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_

State, Zip code \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

## Information Requested (Office Use Only)

☐ Attendance Records

☐ Birth Certificate

☐ Cumulative/Academic File

☐ Immunization Records

☐ Physical Exam records

☐ Report Card

☐ Standardized Test Scores

☐ Special Program Records: \_\_\_\_\_

☐ Other: \_\_\_\_\_

## Release Form

I enrolled my Child/ren listed above at New Horizons Academy. I authorize New Horizons Academy School to request all required information about my child. Please release by mail/fax/email cumulative files or requested documents to:

**New Horizons Academy.**

Address: 1119 5<sup>th</sup> St, West Des Moines, Iowa, 50265. Phone Number: 515-255-0220. Fax Number: 515-255-2356. Email Address: [Administration@mynewhorizonacademy.com](mailto:Administration@mynewhorizonacademy.com)

Parent Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_