



Student Records Request

10800 Academy Drive • Fredericksburg, Virginia 22408 • 540.898.0020 • Fax: 540.898.8951 • www.fredericksburgacademy.org

Parent or Guardian: Please complete this form, including signature at the bottom, and give it to the principal's office or guidance office at your child's current school. This form is to be kept in the school's files. It is their record of your permission to send copies of your child's report cards, standardized test scores, teacher recommendations, and other records relevant to admission at Fredericksburg Academy.

TO: Principal/Head of School

School Name: _____

School Address: _____

REGARDING:

Student Name: _____

Student Address: _____

Please release copies of this student's standardized test scores, report cards, disciplinary records, and other records relevant to admission to:

Fredericksburg Academy
Attn: Director of Admission
10800 Academy Drive
Fredericksburg, Virginia 22408

Please do not send the student's permanent record. We will send a written request for the complete file if the student matriculates at Fredericksburg Academy.

I hereby give permission to the Principal/Head of School or any school personnel designated by the Principal of

_____ to release information about my child, _____,

birth date _____, to Fredericksburg Academy for the purpose of consideration for admission.

Parent or Guardian Signature: _____ Date: _____

There shall be no discrimination by Fredericksburg Academy in the selection of the Board of Trustees, the employment of personnel, in the admission of students, or in the administration of the School programming because of race, color, religion, national origin, sex, age, sexual orientation, or handicapped status in violation of existing state or federal law or regulations.