



Fredericksburg Academy
Teacher Recommendation
Parent Waiver

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

To be completed by the parent/guardian.

Applicant's Name _____ Candidate for Grade _____

As part of our admission process, Fredericksburg Academy requires recommendations from teachers for each applicant. Fredericksburg Academy requests that teachers provide honest and detailed information about the applicant. Subsequent access to these forms by the parent or student may have a negative impact upon the recommendation process. Accordingly, parents of students seeking admission to Fredericksburg Academy must complete and sign this form:

I, _____, the parent/guardian of the referenced Applicant, hereby authorize current teachers of the Applicant to complete and submit a recommendation form to Fredericksburg Academy. I hereby waive any right of access or disclosure of teacher recommendation forms used for admission of the Applicant at Fredericksburg Academy. I understand that these forms are for internal use only and are not included in the Applicant's permanent file that may be sent to other educational institutions upon graduation or transfer. I hereby release Fredericksburg Academy and any teacher completing a recommendation form of any claims arising out of the use of the form consistent with this authorization.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____