



Community High School

of arts and academics

AUTHORIZATION FOR RELEASE/EXCHANGE OF RECORD INFORMATION

STUDENT'S NAME _____

ADDRESS _____

DATE OF BIRTH _____

CURRENT OR LAST GRADE COMPLETED _____

FOR STUDENTS ENROLLING IN COMMUNITY HIGH SCHOOL

I hereby request that (SCHOOL) _____ release a transcript of all grades, credits, test scores, complete health record, disciplinary record, special education documentation and attendance record to date of withdrawal for the student named above. Please send this information to Community High School at the address listed below.

DATE OF REQUEST

PARENT'S/GUARDIAN'S SIGNATURE

Fax discipline, attendance and graded transcript to 540-400-0335.

Please mail full file including immunization records to:

Admissions: Community High School
302 Campbell Ave. SE
Roanoke VA, 24013

To be completed by a school administrator or guidance counselor:

I know of no instances where this student has been referred for disciplinary action.

Signature: _____

If unable to sign, please note specific disciplinary actions.