



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, disciplinary records, immunization records, special education documentation, verified birth certificate, and attendance records to date of withdrawal for the student named above. Please send this information along with a signed copy of this form (see bottom section) to Community High School using one of the methods outlined below.

DATE OF REQUEST

PARENT'S/GUARDIAN'S SIGNATURE

Records can be sent in the following ways:

Mail

Community High School
ATTN: Meg Snow
302 Campbell Ave. SE
Roanoke, VA 24013

Email

Meg Snow
meg@communityhigh.net

Fax

ATTN: Meg Snow
(540) 400-0335

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.