



# 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/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 attach school discipline record.