



Authorization to Release Pupil Information

The Following student has enrolled at Arizona Cultural Academy

Student's Name: _____ Date of Birth: _____

We are requesting the release of the student following records

- Grades upon withdrawal from your school
- Official/ Unofficial Transcript & Report Card
- Immunization Records
- Standardized Test Scores
- Discipline File
- Psychological or Learning Ability Evaluations
- Records Concerning Sports Participation
- IEP Records
- Records of Medical or Chronic Conditions which could affect the school life of the student

Please fax the documents to (602)453-3222 or email them to the attention of:
Arizona Cultural Academy/ Registration aca.registrar@azacademy.org

Thank you

ACA Administrator

Date: