ARIZONA CULTURAL ACADEMY & COLLEGE PREP



7810 S. 42nd Pl, Phoenix, AZ 85042 - Tel: 602-454-1222 - Fax. 602-453-3222---www.azacademy.org

Release of Records Form

Permission is hereby granted to:			
7 3		(Previous School Name)	
Previous School Address:			
Student Name:	DOB:	Grade:	
The mentioned student is seeking to	register at Arizona Cultu	ral Academy and College Prep.	
Therefore, please release the follow	wing information to <u>aca.</u>	registrar@azacademy.org	
 Two recommendation letters a Health records Results of achievement and ir Grades in progress at the time Any other material pertinent to 	cords or the previous two acade are required for a transfer ntelligence tests e of leaving o the growth of the studen Child Study Team informan		
Authorization to release pupil's rec	cords:		
I have inquired about enrolling my ch	ild		
at		(Name of new school) and	
authorize you to release the above na	amed information so that	we may plan a program for this	
student.			

Signature of Parent or Guardian ______Date _____