

**BREVARD ACADEMY
AUTHORIZATION FOR RECORD RELEASE**

In order for Brevard Academy to obtain school records from the previous school attended, please complete the following:

_____ (Student's Full Name)

is eligible for enrollment at Brevard Academy.

Information requested by Brevard Academy includes: cumulative academic records, special education records, current test scores, medical records, and results of psychological or psycho educational evaluation.

I hereby authorize the release of all pertinent information regarding

_____ (Student's Full Name)

_____ (Date of Birth)

_____ (Dates and grades student was enrolled)

KINDERGARTEN ENROLLMENT:

Have you pre-registered for kindergarten with a Transylvania County School? YES NO
Name of Transylvania County School where you have pre-registered or would have registered your child:

TO:
Brevard Academy
Attention: Student Records
299 Andante Lane
Brevard, North Carolina 28712

_____ (Parent/Legal Guardian's Signature)

_____ Date

Name of Previous School: _____

Address: _____

City, State, Zip, Phone: _____

County in which previous school is located: _____