

BREVARD ACADEMY
AUTHORIZATION FOR SPECIAL EDUCATION RECORD RELEASE

In order for Brevard Academy to obtain special education 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 Special Education Records to be given to Brevard Academy.

(Student's Full Name)

(Date of Birth)

(Dates and grades student was enrolled)

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: _____