



REQUEST FOR RECORDS

Name of Student _____

Please send the cumulative folder or copy of all educational records of the above named student. Include copies of complete transcripts of grades, all standardized test scores, complete health records, and any other pertinent information to:

**Salisbury Academy
Admissions Office
2210 Jake Alexander Boulevard, North
Salisbury, NC 28147-8965**

RELEASE FORM

I, _____, (parent/guardian), do hereby declare that I am legally responsible for the release of information concerning said student, and I do hereby request and authorize the following said school to give in writing to **Salisbury Academy** copies of all academic and health records pertaining to said student upon receipt of this Release Request.

Name of School _____

School Address _____

School Telephone Number _____

School Fax Number _____

Signature of Parent/Guardian

Date