



Student Record Release Form

To Applicant:

Please complete the authorization portion of this form and **deliver it to your current school.**

Student's Name: _____ Grade: _____

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to The Master's Academy of all educational records about the above-named individual who is applying to The Master's Academy, including recommendations and such other information as may be requested.

Date: _____ Parent/Guardian Signature: _____

To Principal:

The above named student has made an application for admission to The Master's Academy. We would appreciate if you would promptly send the following:

- A transcript of the student's record to date, including courses in progress.
- A copy of the student's complete report card.
- Health records

If this student is admitted to The Master's Academy, a request for a final transcript will be made at the end of the school year. Please hold this authorization form on file so that a second form will not be necessary.

Thank you for your assistance and cooperation.

Please mail to: The Master's Academy
 Admissions Office
 1075 Washington Street
 Hanover, MA 02339