

Records Release Form

PARENT SECTION

I give permission to (current school): _____

Address: _____

to release all transcripts and school records to Veritas Collegiate Academy. I waive my right to have access to all records and information submitted for this application.

Student Name: _____ Grade: _____

Parent Signature: _____ Date: _____

After completing this section, please submit this records release to your child's current school. They will return all requested information directly to Veritas Collegiate Academy.

CURRENT SCHOOL

The student named above is applying for admission to Veritas Collegiate Academy. Please submit the following (copies only):

- Academic Record
- Standardized Test Scores
- Discipline Record (if applicable)
- Health Record
- Birth Certificate
- I.E.P./504 Plan (if applicable)
- Evaluations (psych-ed, speech, vision, motor, etc.)
- Custody Agreements (if applicable)

Please submit directly via e-mail, fax or mail to:

Tera Hodges, Admissions Director
thodges@veritasca.com
phone: 757.410.5095
fax: 757.410.5083

Veritas Collegiate Academy
Admissions Office
1208 Centerville Turnpike N
Chesapeake, VA 23320

Thank you for your assistance