



# CALDWELL ACADEMY

*Classical • Christian • Community*

2900 Horse Pen Creek Road, Greensboro NC 27410  
 Phone (336) 665-1161 / Fax (336) 665-1178

## AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS

### TO THE PRINCIPAL OR GUIDANCE COUNSELOR:

**The student named below has applied to Caldwell Academy. We would appreciate your promptly sending a copy of the items listed below. *Please do not send the permanent record; we will request it at a later time if the student enrolls at Caldwell Academy.***

1. A transcript or **copies** of the student's report cards on file along with a **copy** of the report card for the current year.
2. **Copy** of the student's complete standardized test profile.
3. **Copy** of all health records, including immunizations, vision and hearing tests.
4. **Copy** of all psychological reports.
5. **Copy** of Individual Education Plan.
6. **Copy** of Special Education Placement forms.
7. The attached teacher observation form(s).

**Is the student named below a candidate for readmission to your school for the upcoming academic year?**  
 yes \_\_\_\_\_ no \_\_\_\_\_

\_\_\_\_\_

(Student's Name) (Current Grade) (Date of Birth)

School: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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 consents to the release to Caldwell Academy copies of all educational records about the above-named individual who is applying to Caldwell Academy, including recommendations and such other information as may be requested.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Legal Guardian

Thank you for your cooperation.

Caldwell Academy Admissions  
 336-235-4248