

IVY LEAGUE ACADEMY
Authorization for Release/Exchange
of Record Information

Please complete this request by legibly printing in the appropriate spaces.

Name: _____
 Last First Middle Grade Level

Street Address City State Zip

Area Code and Telephone Number Date of Birth

Current/Last School Attended Date Graduated/Withdrew

INFORMATION OR RECORDS

- Official Scholastic Record (names; address; birth date; grade level completed; grades; class standing; attendance record; standardize and aptitude test score such as SAT, PSAT, AP, ACT; school, community activities; work experience)**
- Health-Physical Fitness Data: Certificate of Immunization**
- Intelligence, Aptitude, Interest Test Scores**
- Social history (if available)**
- Legal, psychological, Psychiatric, and Medical Reports (if applicable)**
- State required reports of evaluations and other pertinent reports and programs for exceptional students**
- Other** _____

The reason for this disclosure is: _____

Parent's/Guardian's Signature _____ Date _____

Eligible Student's Signature _____ Date _____

Signature of Receiving Principal _____

4413 Wishart Road Virginia Beach, VA 23455 757-499-6064