



Release of Student Records

if needed

SCHOOL NAME		SCHOOL NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE, ZIP CODE		STATE, ZIP CODE	
PHONE NUMBER		PHONE NUMBER	

_____ (Student), born _____
 (M/D/Y) may be enrolling at Greenbrier Academy in the _____ grade. I hereby request
 the release of her records to be sent to Greenbrier Academy. Please send the following to the
 address below:

1. Transcripts
2. Withdrawal Grades (include any incomplete classes, if applicable)
3. Health Records
4. Immunization Records
5. Accumulative Folder
6. Standardized Test Scores and Date(s)
7. Special Education Records (IEP's, 504's, include any counseling information)
8. Any additional information which would be of assistance in placing this student

Please Fax Records to: GREENBRIER ACADEMY, (866) 362-2792

Send Hard Copy to: Susie Blankenship, REGISTAR, 158 Academy Lane, Pence Springs, WV
 24962

IN WITNESS WHEREOF, the undersigned legal guardian of the Student named above has
 executed this request as of the _____ day of _____, 20____.

 Sponsor Signature (Father/Guardian)

 Authorized Representative of Greenbrier Academy

 Sponsor Signature (Mother/Guardian)

*Federal Law does not require a guardian's signature for educational records to be sent to officials from another school
 or school system where the student seeks or intends to enroll.*