



Please return this form to Eagle's View Academy. Once the registration process is complete, this form will then be sent to the previous school.

Eagle's View Academy Request for Student Records

Name of Previous School

Street Address

City

State

Zip Code

_____ has enrolled at Eagle's View Academy.
(Student's Name)

Current grade level: _____

Date of Birth: _____

You are hereby authorized to release all records. Please include:

- 1) Official transcript
- 2) Confidential records including Educational/Psychological Testing and Current IEP (if applicable)
- 3) Standardized testing results
- 4) Health records
- 5) Cumulative records
- 6) Disciplinary records
- 7) All grades earned up to the time of withdrawal

Please send records to:

**Admissions Office
Eagle's View Academy
7788 Ramona Boulevard W.
Jacksonville, FL 32221**

Parent/Guardian Signature

Marian Cain - Records

Date

* Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rules on Educational Records, Federal Register, June 17, 1976, vol. 41, No 118 Pg. 24673)