

Denver Academy Student Records Release Form

I hereby give authorization to release my child's:

- Transcript
- Standardized testing information
- Immunization record
- Other (Pls. state) _____
- For Seniors Only:** Counselor's Report (ACT/SAT scores, class rank, GPA)
- For Seniors ONLY:** Early Admission _____
Deadline for Early Admission.

Pls. mark which school has early admission.

Denver Academy's policy does not allow us to forward any non generated Denver Academy documents.

Pls. list the name of the schools and their addresses as to where you would like your info. to be sent. (If you need more space pls. list on back of form.)

Please print.

Full name of student Grade or Year Graduated

Address Phone Number

City State Zip

Birth date _____

NOTE: If the person for whom records are requested is under 18 years of age, the release must be approved by the parent or guardian. If the person is 18 years of age or over, the release must be approved by that individual.

CHECK ONE OF THE FOLLOWING:

- I certify that I am the parent or legal guardian of the person who is the subject matter of records listed above, and that said person is under the age of eighteen years.
- I certify that I am over eighteen years of age, and I am the person who is the subject matter of the records listed above.

A copy of this authorization is to be considered as valid as the original.

Signature Date