



Creative education that honors the Creator . . . rooted in God's love.

1800 38th Street ~ Parkersburg WV 26104 ~ 304-485-6901 ~ www.parkersburgacademy.com

Academic Release Form

We are requesting an official copy of the following students' academic records. Please furnish the following to the address listed above.

- ~ All academic records on file
- ~ IEP (*if applicable*)
- ~ Health Record
- ~ Standardized test results
- ~ Behavioral report
- ~ Any other helpful information

Today's Date: _____

Name of Student: _____

Student's Address: _____

Student's Phone Number: _____

My signature below verifies that I am the legal parent or guardian of the student whose name appears above. I give my permission for the academic school records of my child to be sent to **Parkersburg Academy and Montessori Adventure.**

Parent /Guardian Signature

Date

Thank you for your prompt attention to this matter.