



Authorization for Release
of Educational Records

Telephone: 334-644-2123
Fax: 334-644-2194

Current School Name and Address:

DATE: _____

The following student is enrolling in our school for next year. Please send all items listed below:

STUDENT NAME	CURRENT GRADE	YEAR
_____	_____	_____

- Official transcript to date, including grades for courses in progress.
- Standardized test scores
- Copy of health records including immunizations
- Copy of birth certificate
- Any other records including discipline or any individual psychological-educational tests
- School Recommendation forms from English and Math teachers

Thank you for your cooperation and prompt assistance. Please contact me with any questions.

Attn: Ann Hixon
Springwood School
P.O. Box 1030
Lanett, AL 36863
334-644-2123
ahixon@springwoodschool.com

Sincerely,
Ann Hixon
Ann Hixon
Director of Admissions

Parent Authorization: I hereby give my approval for the release of all school records on my child named above.

Date

Parent's Signature