



AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS

122 Fleetwood Dr.
Lynchburg, VA 24501
434.847.8313
434.455.0214 Fax

School: _____ Phone Number: _____

Address: _____ Fax Number: _____

City / State / Zip: _____

(Student's Name) (Grade) (Date of Birth)

In accordance with federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, the undersigned hereby consents to the release to New Covenant Schools copies of all educational records about the above-named individual who is applying to New Covenant Schools, including recommendations and such other information as may be requested.

Date/Signature of Parent / Legal Guardian Print Name Parent/ Legal Guardian

TO THE PRINCIPAL OR GUIDANCE COUNSELOR:

The student named above has made application for admission to New Covenant Schools for the 20__-20__ term. We would appreciate you promptly sending a copy of the items listed below. If the student enrolls at New Covenant Schools, we will request a transfer of records at a later time.

- 1. Copy of the most recent report card.
2. Copy of the student's most recent standardized test.
3. Copy of attendance and discipline records.
4. Copy of tutoring / special academic arrangement records.
5. Copy of current health and physical records.
6. A recommendation from a teacher as to academic potential and compliance with the behavioral expectations of the school.

Please email record copies to: New Covenant Schools
Attn: Eliza Olson, Director of Admissions
eolson@newcovenantschools.org
122 Fleetwood Dr.
Lynchburg, VA 24501