

## **CAPE FEAR ACADEMY**

## **AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS**

Please send this to the school your child has been attending.

## To the parent/guardian:

This form will authorize your child's current school to provide Cape Fear Academy with a **copy** of transcripts and records. Please complete and sign this form, and send this to the school your child has been attending.

## **Registrar:**

I do hereby authorize you to please send <u>a copy</u> of **the items listed below** to Cape Fear Academy for the student listed below so s/he can be considered for admission.

- 1. grades (including past years <u>and</u> current year grades up to this date)
- 2. standardized test scores
- 3. discipline records
- 4. attendance records
- 5. any other academic reports

Copies of the above information are all that is needed at this time. Please DO NOT send the original or complete file/record or withdraw the student unless you are notified of their enrollment at Cape Fear Academy. At this time, the student is an applicant and is not an accepted/enrolled student.

Please send this information to: Director of Admission

<u>nelda.nutter@capefearacademy.org</u> (preferred method)

Cape Fear Academy 3900 South College Road Wilmington, NC 28412 Phone: 910-791-0287

Fax: 910-791-0290

Child's Full Name	Common Name	
Date of Birth	Today's Date	
Parent Signature		