



Permission for Release of Information

“Where Education meets Creativity and Innovation.”

Student’s Name: _____

Grade applied for: _____ Date of Birth _____

To the Parent/ Guardian:

Please read and sign the statement below and submit this request for records to your child’s current school. This form may be copied if additional records are requested. Under the provision of Public Law #93-380, I hereby give my permission to release the information requested by Hillside Academy below.

I understand the information on this form will be kept confidential by Hillside Academy.

Parent/ Guardian Signature _____ Date: _____

To the Principal, Guidance Counselor, Psychologist, etc.:

The student named above is a candidate for admission to Hillside Academy. The following information is requested to enable us to give the student thorough and fair consideration. Please complete the form below and attach the following information:

- Report card and / or comment sheets from the current school year to date
- Transcripts, report cards and /or comment cards
- Results of standardized tests and confidential school reports including discipline actions, individualized testing and assessment, and if available, an individualized education plan (IEP) and/or 504

Thank you for providing us with information about this student. All comments will be kept confidential.

School Name: _____ Public _____ Private _____

School Phone : _____ Email: _____

Additional comments : _____

Name: _____ Position: _____

Signature: _____ Date: _____

Please Return to: **Hillside Academy**
PO Box 1344 Duvall, WA 98019
#425 844-8608 Call first for Fax.