

Heritage Academy

35636 Highway 54 West Zephyrhills, FL 33541 Tel. 813-788-1000 or 813-782-7848 Fax 813-782-5909

AUTHORIZATION FOR RELEASE OF RECORDS AND/OR INFORMATION FROM RECORDS

I, _____, do hereby authorize the release of the following
(Printed Name of Parent)

information for my child, _____,
(Printed Name of Student) (Grade) (Date of Birth)

to be released from _____
(Name of Previous School)

(Street Address) (City/State) (Zip)

(Phone) (Fax)

Entire Cumulative Record Folder	Medical/Health Records (including speech, language, hearing, vision, immunization, and physical exam)
Exceptional Student Education Records	Official School Transcript
Grades at Time of Withdrawal	Psychiatric Evaluation
Grading System	Psychological/Social Work Reports
Graduation Requirements	Standardized Test Scores
Home Language Survey	Treat/Service Plans
Records of Achievements, Special Awards/Activities	Other Confidential Records (Specified Below)

Please include the following "Other Confidential Records: _____

Send all ORIGINAL records to:

Heritage Academy
Attn: Student Records
35636 Hwy. 54 West.
Zephyrhills, FL 33541

Parent/Guardian Signature

Date

Administrator/Principal Signature

Date