



RELEASE OF RECORDS FORM

Permission is hereby granted to:

Previous School Name: _____

Address/Phone: _____

Student Name/Grade: _____

The above-named student is applying to Anna's House. Please release the following information:

- Grades
- Health Records
- Results of achievement and intelligence tests
- Behavioral Records
- Grades in progress at the time of leaving
- Any other material pertinent to the growth of the student
- Any psychological testing or Child Study Team information, including the most recent:
 - Educational Evaluation/IEP
 - Psychological/Social Assessments

Written information is to be sent to the attention of:

Anna's House
208 Market Street
Staunton, VA 24401

Electronic Copy: AnnasHouse.edu@gmail.com

Authorization to release pupil's records:

I authorize you to release the above information for

Student Name: _____ Date of Birth: _____

Signature of Parent of Guardian _____ Date: _____

Anna's House does not and shall not **discriminate** on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities, educational policies, admissions, financial aid or operations.