



(228) 539-1234

1234 Alphabet Road Gulfport, MS 39503

hopeacademyfg.org

RELEASE OF INFORMATION FORM

Completion of this document authorizes the disclosure and/or use of educational records. Please be sure to provide all information requested. Failure to do so may invalidate this authorization.

Name of Student: _____

Date of Birth: _____

Social Security Number: _____

Student Address: _____

City: _____ State: _____ Zip: _____

USE AND DISCLOSURE INFORMATION: I hereby authorize _____
(Name of student's current school) to release all requested educational records to Hope Academy covering the period of Kindergarten through _____.

Phone # of School: _____ Fax # of School: _____

Include the following upon request:

- | | |
|---------------------------------|--------------------------|
| _____ Report Cards | _____ Discipline Records |
| _____ Cumulative Records | _____ Attendance Records |
| _____ Individual Education Plan | _____ Other(s) _____ |
| _____ Intervention Records | _____ |
| _____ Standardized Test Scores | _____ |

PURPOSE: The purpose of this request is as follows:

_____ Scholarship consideration _____ Enrollment _____ Other _____

EXPIRATION AND AUTHORIZATION: This authorization expires one year from the date signed by the custodian.

Primary Guardian: _____

Relationship to Student: _____ Primary Phone Number: _____

Are there custody arrangements that may affect who may authorize this release? Yes or No
If yes, please attach a copy of the custody agreement.

Parent/Guardian Signature Date