

AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS

Supreme Court decisions require schools to have written consent from a parent or legal guardian before they can release student records. In addition to records, we also require schools to indicate to WAAS if there are any past due or delinquent tuition amounts owed for the child listed below. The form provided below will authorize your child's school to provide us the requested records. Please complete the below, sign at the bottom, and send this to the student's school(s).

REGISTRAR: I do hereby authorize you to release the follow records to Wilmington Academy of Arts and Sciences for <u>possible admission</u> for the following school year:

School Year					
Official Transcript	Official Transcript		& Talented Info		
Education Plan (IEP/DEP)		Copy of Imn	nunization Records		
Any Standardized Test Scores		Copy of Birth Certificate			
		Other		_ 🗆	
Student Name					
Last Date of Birth		First	Middle	Preferred	
Parent					
Printed Name			Relat	ionship	
Parent Signature			Date		
Please mail or email information to: Director of Admissions Wilmington Academy of Arts and Sciences 6201 Myrtle Grove Road Wilmington, NC 28409			EMAIL: waasdirector@wilmingtonacademy.org		
To Be Completed by Authorized S		•			
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☐ The account for the child listed a school year	bove ha	s a past due or (delinquent tuition balaı	nce for the	
☐ The account for the child listed a	bove ha	s no past due o	delinquent tuition		
Signature	Date				
Printed Name			Position Title		