



# 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 possible admission or the following school year:**

School Year \_\_\_\_\_

- |                              |                          |                              |                          |
|------------------------------|--------------------------|------------------------------|--------------------------|
| Official Transcript          | <input type="checkbox"/> | Copy of Birth Certificate    | <input type="checkbox"/> |
| Education Plan (IEP/DEP)     | <input type="checkbox"/> | Copy of Immunization Records | <input type="checkbox"/> |
| Any Standardized Test Scores | <input type="checkbox"/> | Other:                       |                          |

Student Name \_\_\_\_\_  
Last First Middle Preferred

Date of Birth \_\_\_\_\_

Parent \_\_\_\_\_  
Printed Name Relationship

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail, fax, or email information to:**

Director of Admissions  
Wilmington Academy of Arts and Sciences  
6201 Myrtle Grove Road  
Wilmington, NC 28409

FAX: 910-392-3455  
EMAIL:  
[waasdirector@wilmingtonacademy.org](mailto:waasdirector@wilmingtonacademy.org)

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## To Be Completed by Authorized School Representative

School Name \_\_\_\_\_

- The account for the child listed above has a past due or delinquent tuition balance for the \_\_\_\_\_ school year
- The account for the child listed above has no past due or delinquent tuition

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Position Title \_\_\_\_\_