



ST. JOHNSBURY ACADEMY

1000 Main Street, St. Johnsbury, Vermont 05819
Telephone: (802) 751-2130, Fax: (802) 748-5463
www.stjademy.org

PERMISSION TO RELEASE SCHOOL RECORDS

STUDENT'S NAME

GRADE

I grant permission to: _____

NAME OF STUDENT'S CURRENT (OR MOST RECENT) SCHOOL

ADDRESS

CITY

STATE

ZIP

to release a copy of my child's school record, including the following information, to St. Johnsbury Academy.

- Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, attendance record)
- Standardized Achievement Test Scores
- Teacher and/or Counselor Observations and Comments
- Intelligence and Aptitude Test Scores
- Record of Extracurricular Activities
- Medical Records - Required by Vermont State Law
- Family Background Data
- Psychological Testing, Diagnostic, and Evaluation Reports

Any other information that would affect the student's ability to be successful at St. Johnsbury Academy. This would include disciplinary and behavioral records including any criminal conviction or juvenile adjudication.

Other: _____

PARENT(S): PLEASE SIGN AND SUBMIT THIS FORM TO YOUR CHILD'S CURRENT (OR MOST RECENT) SCHOOL.

SIGNATURE OF PARENT OR GUARDIAN

DATE