ST. JOHNSBURY ACADEMY

St. Johnsbury, Vermont 05819
TELEPHONE: (802) 748-8171
FAX: (802) 748-5463

Permission to Release School Records

To Director of Admission, St. Johnsbury Academy

_____
STUDENT'S NAME **GRADE**

I grant permission to: _____
NAME OF STUDENT'S CURRENT (OR MOST RECENT) SCHOOL

_____
STREET 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)
- Teacher and/or Counselor Observations and Comments
- Record of Extracurricular Activities

Other _____

_____

_____

_____
PARENT'S SIGNATURE **DATE**

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