



## Record Release Request

**Parents:** Please complete, sign, and return to your child's current school. Thank you.

**To the Current School:**

Our child has applied to Salisbury Academy for admission to the \_\_\_\_\_ grade for the \_\_\_\_\_ school year.

Please release a copy of the records including report cards, discipline, standardized testing, and any other relevant information pertaining to the student.

**Student Name:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**Current School Name:** \_\_\_\_\_

**Current School Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

I do hereby grant the above noted school permission to release the information requested to Salisbury Academy.

Salisbury Academy  
Admission Office  
2210 Jake Alexander Blvd., N.  
Salisbury, NC 28147  
Phone: 704-636-3002  
Fax: 704.636.0778

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**2210 Jake Alexander Blvd, N.  
Salisbury, NC 28147**

**Phone: (704) 636-3002  
Fax: (704) 636-0778**