



Living Word Academy

**110 Industry Drive, Yorktown (Tabb), VA 23693
(757) 867-8024**

Permission for Release of Records

School _____ **Date** _____
Address _____

I hereby give my permission for the records of:

Name of Student **Date of Birth**

To be sent to Living Word Academy. Please send the following records:

- Transcript/Cumulative file**
- Grades to date of withdrawal**
- Test Scores**
- Health Record (include copy of entry physical)**
- Confidential records, including IEP (if available)**
- VA Test ID number**
- Discipline File (Code of Virginia 22.1-3.2 effective July 1, 1993)**

I understand that I may examine these records if I desire to do so.

Signature of Parent or Guardian

Guidance Counselor/Secretary

In accordance with the Family Rights and Privacy Act of 1973, I hereby give permission to school officials to release records pertaining to the above named student, including his/her grades and health records, as well as any psychological, medical, social, educational or developmental information.