



733 8<sup>th</sup> Street NW ♦ Washington DC 20001 ♦ (202) 600-4822 ♦ admissions@girlsglobalacademy.org

## Release and Records Request Form

### STUDENT INFORMATION

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_ Student USI Number: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

### GIRLS GLOBAL ACADEMY (RECEIVING SCHOOL) RECORDS REQUEST

Attention Registrar: Please forward all applicable records listed below to [admissions@girlsglobalacademy.org](mailto:admissions@girlsglobalacademy.org) to the attention of Admissions Coordinator.

- Transcript
- Report Card/Progress Report
- Test Scores, ELL Assessments
- IEP/504 Plan/ City/State/Zip Code:
- Behavioral Implementation Plan/Discipline Records
- Court Orders/Legal Records
- Other (please specify)  
\_\_\_\_\_
- DC Health Universal Health Certificate
- DC Health Oral Health Assessment
- Medication & Medical Procedure Treatment Plan
- Counseling Records
- Psychological & Educational Information

Staff Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT CONSENT TO RELEASE RECORDS

**By signing this form, I authorize Girls Global Academy Public Charter High School to request and receive all school records. This includes academic, medical, counseling and behavioral documentation from the current and previous schools where the student named above has attended.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SENDING SCHOOL CONFIRMAITON (Please Complete)

I confirm that (student first & last name): \_\_\_\_\_ is no longer enrolled at:

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

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School Representative Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Sending School Representative: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Date of students last day of attendance: \_\_\_\_\_

School Official Stamp or Seal