



AUTHORIZATION FOR RELEASE OF RECORDS

(Please sign and return to VBFS with the application for admission)

Virginia Beach Friends School is unable to process student applications unless we have complete records. Please sign and return this form with your completed application to the Admissions Office to help expedite the application process.

Name of Student _____

Student's DOB _____ Current Grade Level _____

Name of Current School _____

Address _____

City _____ State _____ Zip Code _____

I hereby authorize the release of all records for my child to Virginia Beach Friends School. Please include all confidential records.

- Academic (including IEP and 504 plan if applicable)
- Standardized Testing
- Discipline (Behavioral)
- Psychological
- Health (Medical)

Signature of Parent and/or Guardian

Date