



## Student Record Release Form

I hereby authorize the following school:

School Name \_\_\_\_\_  
Contact Name/Title \_\_\_\_\_  
Contact Email Address \_\_\_\_\_  
School Address \_\_\_\_\_  
School Phone Number \_\_\_\_\_

To release my child's full student records to include ALL of the following documents:

- Full Transcript
- Full Discipline Report/History
- Full Attendance History
- Full Special Education Needs (IEP/504/Classroom Modifications)

Student Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Current: Grade \_\_\_\_\_

This information shall be released and mailed directly to:

Windham Academy Public Charter School  
Attn: Records Department  
1 Industrial Drive  
Windham, NH 03087

***By signing below, I am certifying that I am the individual listed above and that the information provided is true under penalty of forgery and/or unsworn falsification.***

Parent/Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_