

Parent Authorization for Release of School Records

Parent or Guardian: Please fill in the information below, sign and date this form, and submit it directly to the registrar or records office of your child's most recent school attended. Please understand that school records play an essential step in the admissions process.

STUDENT'S NAME	BIRTHDATE	
HOME ADDRESS		
MOST RECENT SCHOOL ATTENDED	GRADE	
LEVEL		
I hereby authorize the release of my child's school records to Journ	ney Education.	
PRINTED NAME OF PARENT OR GUARDIAN		
SIGNATURE OF PARENT OR GUARDIAN	DATE	
Request for School Records		
To the Registrar,		
Please release the following from my child's record to Journey Edd Attendance Record Grades Standardized Achievement Test Scores Intelligence and Aptitude Tests Teacher and/or Counselor Observations and Comments Record of Extra Curricular Activities Family Background Data Other: Other:	ucation:	
Please send these materials as soon as possible to: Journey Education Admissions 2710 South Rainbow Boulevard Las Vegas, NV 89146 OR Via Email: journey@journeyeducation.org OR Via land	Fax: 702.946.0824	