



PEARLS ACADEMY

School Records Request Form

School records being requested from:

School Name: _____

School Address: _____

City, State, Zip Code: _____

Contact Person: _____

School Phone: _____

REQUEST FOR RELEASE OF INFORMATION

Student Name: _____ Grade: _____ DOB: _____

Records Requested:

1. All scholastic records (including grades at time of withdrawal)
2. Health examinations and immunization records
3. All scholastic testing
4. Any special education or IEP records and testing
5. Any special programs in which the student participated (gifted/resource)
6. Discipline/Behavior records
7. Other pertinent information (Other records or letter of recommendation)

Please Mail or Email Records Directly to:

School Name: PEARLS ACADEMY

School Address: 23521 Overland Drive, Ste. 165 Sterling, VA 20166

To the Attention of: Nabila Hoda, Academic Director

Email: nabila@pearlsacademy.org

I authorize _____ (school name) to release my child's records to Pearls Academy.

(Parent Signature)

(Date)