



REQUEST FOR RELEASE OF PREVIOUS SCHOOL RECORDS

Note to Parents/Guardian

Please complete this form and we will send it directly to the last school attended by your child.

PREVIOUS SCHOOL ATTENDED WAS: () PRIVATE () CHARTER () MAGNET () PUBLIC () HOME SCHOOL

Was student in any of these programs: _____ IEP _____ LEP _____ ESL _____ OTHER

I hereby authorize: _____

(Previous school attended)

School Address _____

Phone Number _____ Fax Number _____

to release pertinent information from the record of _____
(Name of the Student)

Date of Birth: _____ to Charlotte Islamic Academy.

I understand that the information released will remain confidential.

Parent's signature: _____ Date: _____

Note to previous school: A request has been made to Charlotte Islamic Academy to provide educational services for the above-named student. We request that you provide all files and materials that might be helpful in working with this student.

Copies of the following school information are hereby requested.

- Cumulative Academic Records
- Special Placement Records
- Confidential Records
- Disciplinary Records
- Attendance Records
- Medical Records
- Administrative Records

Please email student records to: officemanager@ciacademy.us

Charlotte Islamic Academy Admissions

8310 Harrisburg Rd

Charlotte, NC 28215

Tel: _____