

PERMISSION TO RELEASE INFORMATION Grades 1-12

Athena Cirelli

APPLICANT'S NAME

12/23/2016

BIRTH DATE

First

CURRENT GRADE

I hereby authorize:

Jacobs Road Elementary School, 8800 Jacobs Rd, Chesterfield, VA 23832

CURRENT SCHOOL

Kim Hodges

NAME OF REGISTRAR OR COUNSELOR

(804) 674-1320; Fax (804) 276-9045

TELEPHONE

kimberly_creasyhodge@ccpsnet.net

EMAIL

JES_MAIL@ccpsnet.net

to release the following academic information contained in the cumulative permanent record of my child named above to Collegiate School.

For students in current grades K-3

- Official transcripts and current report cards
- Standardized test scores for achievement, ability and intelligence
- Explanation of grading system used
- No health forms, please

Please return this information as soon as possible by email or fax to:

Pia Orbezo, LS Admission Office
pia_orbezo@collegiate-va.org
Phone 804.741.9778
Fax 804.754.4326

For students in current grades 4-12

- Current report card plus historical grades for (3) previous completed years
- Standardized test scores for achievement, ability and intelligence
- Explanation of grading system used
- No health forms, please

Please return this information as soon as possible by email or fax to:

Margaret Pace, MS/US Admission Office
mpace@collegiate-va.org
Phone 804.665.1724
Fax 804.741.9797

By signing this Permission to Release Information Form, I acknowledge and agree that all information received from the applicant's current school, including transcripts and teacher recommendations, will be kept confidential and not released to the parent(s) or guardian(s) of the applicant by Collegiate School.

Athena Cirelli

SIGNATURE OF PARENT/GUARDIAN

03/21/2023

DATE