



To: _____

Re: _____
(Name of Student)

Address: _____

Age: _____ Birth date: _____

Date Release Requested: _____

1. You are authorized to release the records listed below for the above named student to:

The CinDay Academy
11 Sycamore Creek Dr
Springboro, OH 45066
937.748.1991

2. Please release ALL records. This includes, but not limited to:

Grades
Attendance
Health Records
Standardized Test Scores
Psychological Evaluation
Evaluation Team Report
I.E.P.
Behavior/Correction Reports
Birth Certificate

3. Reason for Request: (please check)

_____ To aid in present and future educational decisions
_____ Enrolling in The CinDay Academy
_____ Other: (please state)

Signature of parent / guardian / student
(Student must be 18 years old)