



Request for Release of Student Records

To the parent: Please complete this form and send it to your child's current school.

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Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release all school records pertaining to the above-named student. Please include copies of the official transcripts, grades to date, test data, and health information. Records should be sent to:

Admissions Office  
The Academy of Coastal Carolina  
PO Box 1988  
Shallotte, NC 28459  
FAX: 910-754-9630

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date