



REQUEST FOR RELEASE OF ACADEMIC RECORDS

Parents or Guardians: Please complete and sign this form and give it to your son's current school. This form is part of the Admissions Application Packet.

Name of Former School: _____

School Address: _____

Student's full name: _____

Student's date of birth: _____

Parent/Guardian Signature

Date

School: The above student is applying to attend Buffalo Creek Boys School. Please send a transcript of academic records below as soon as possible to: Buffalo Creek Boys School, 283 Mateer Rd., Lexington, VA 24450; (540-463-7785); Please include the following:

- Record of all academic work, including teacher comments
- Standardized test results
- Immunization records
- Any diagnostic results and recommendations made by professionals that will help us meet the overall needs of the student.

THANK YOU!