



## 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
- Attendance records
- Any diagnostic results and recommendations made by professionals that will help us meet the overall needs of the student.

**Thank you!**

BUFFALO CREEK BOYS SCHOOL  
283 MATEER ROAD  
LEXINGTON, VIRGINIA 24450  
540-463-7785