



## REQUEST FOR RELEASE OF PREVIOUS SCHOOL RECORDS

### Note to Parents/Guardian

Please complete this form and we will send it directly to the last school attended by your child.

**PREVIOUS SCHOOL ATTENDED WAS:** ( ) PRIVATE ( ) CHARTER ( ) MAGNET ( ) PUBLIC ( ) HOME SCHOOL

**Was student in any of these programs:** \_\_\_\_\_ IEP \_\_\_\_\_ LEP \_\_\_\_\_ ESL \_\_\_\_\_ OTHER

I hereby authorize: \_\_\_\_\_

(Previous school attended)

School Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

to release pertinent information from the record of \_\_\_\_\_

(Name of the Student)

Date of Birth: \_\_\_\_\_ to Charlotte Islamic Academy.

**I understand that the information released will remain confidential.**

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to previous school:** A request has been made to Charlotte Islamic Academy to provide educational services for the above-named student. We request that you provide all files and materials that might be helpful in working with this student.

**Copies of the following school information are hereby requested.**

- Cumulative Academic Records
- Special Placement Records
- Confidential Records
- Disciplinary Records
- Attendance Records
- Medical Records
- Administrative Records

Please email student records to: [officemanager@ciacademy.us](mailto:officemanager@ciacademy.us)

Or Fax to: 704-503-9672 – Tel: 704-503-9102

Or Mail to:

Charlotte Islamic Academy Admissions  
8310 Harrisburg Rd  
Charlotte, NC 28215