



Permission For Release of Records

Instructions for parent of transferring student: Please complete the information below and either send to the school your child last attended or return to FOEC to mail. Thank you

Date

Last School Attended:

To: _____

I hereby give my permission for the release of the records of:

Name

Grade Completed

Birthdate

to be sent to the address indicated below.

In accordance with the Family Rights and Privacy Act of 1973, I hereby give permission to school officials to release records pertaining to above named student, including grades, achievement testing scores and health records as well as psychological, medical, social, educational or developmental information.

Signature of Parent or Guardian

Please mail the above to the following address:

FOEC (Attn: Mrs. Evans)

3105 West Mercury Blvd.

Hampton, VA 23666