



North Branch
SCHOOL

Release of Records

221 Mickens Road, Afton, Virginia 22920 • 540.456.8450 • northbranch@nbsva.org • north-branch-school.org

I authorize _____
(name of school)

to release any records on file for _____
(name of child)

These should include but not be limited to:

- Health/Medical
- Academic Information
- Testing, evaluations, etc.
- Disciplinary records
- Transcripts from other schools
- All other pertinent information

Please forward these records to North Branch School via email:

northbranch@nbsva.org

As part of the application process, I also give permission for teachers and administrators at the above-named school to discuss my child's school experiences with North Branch staff.

Parent's signature: _____ Date: _____