



## RELEASE OF INFORMATION REQUEST

**RECORDS MUST BE SENT DIRECTLY TO CITY ACADEMY FROM THE CURRENT SCHOOL.**

### I /We authorize the release of my child's:

- report cards
- individual education program (IEP) plans
- speech evaluation and hearing/vision testing records
- student progress reports
- current teacher recommendation
- attendance reports
- standardized test results
- medical records
- records from any previous school(s)
- discipline records
- immunization and medical records
- interpretation of grading scale
- records documenting reading progress
- psychological report
- criminal/court dispositions

### To be forwarded to:

**Address:** City Academy Admissions Office / 4175 North Kingshighway Boulevard / Saint Louis, Missouri 63115  
**Email:** sdooley@cityacademystl.org **Phone:** 314.382.0085

**I/We authorize City Academy to contact schools and other sources to obtain information relative to my/our child's application. I/We will not seek access to confidential recommendation and evaluation material before or after the admission decision is made.**

Applicant's Full Name: \_\_\_\_\_  
First Middle Last

Grade: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_\_\_ Applying for Grade: \_\_\_\_\_ Starting (month/year): \_\_\_/\_\_\_\_\_

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street Address City State Zip

School Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

### STATEMENT OF CONFIDENTIALITY:

It is the policy of City Academy that all information received regarding a student's application for admission is treated with complete confidentiality. Only authorized school personnel have access to such information and then only to the extent that the information is relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or the applicant's family.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

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