

COURT STREET ACADEMY  
447 COURT STREET  
PORTSMOUTH, VA 23704

PRINCIPAL: DR. L. WILBUR KERSEY  
OFFICE MANAGER: SHEILA CUFFEE  
PHONE: (757) 393-2312  
FAX: (757) 393-2312

RECORD RELEASE REQUEST

Date: \_\_\_\_\_

I hereby give permission for:

\_\_\_\_\_  
Name of school last attended

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

to release a complete transcript of my child's records, including all report cards, test scores, health records, attendance records, teacher comments (as allowed), and any additional information pertinent to his future education, such as sociological and/or psychological evaluations.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade level last completed

\_\_\_\_\_  
School year last attended