

ST. BARBARA LEADERSHIP INSTITUTION
RELEASE OF RECORDS AND INFORMATION
Preschool, Elementary and Middle School

Student's name: _____

School name: _____

The above-named student has applied for admission to St. Barbara Leadership Institution, Gainesville FL.

Please forward a copy of this student's academic information, standardized test scores, behavioral records, and four quarters of transcript records to school office.

The student's parent/guardian signature appears below, authorizing transfer of these records.

Please mail these records to: Admissions Office
 St. Barbra Leadership
 908 SE Williston Rd
 Gainesville, FL 32641

Thank you in advance for your assistance in this matter.

Sincerely,

_____ Date _____
Admin. Assistant

In accordance with the "Family Educational Rights and Privacy Act of 1974" passed by the Congress on August 21, 1974, school personnel are required to have written permission to transfer academic information and/or recommend students to prospective schools.

I hereby grant my permission for you to release copies of all school records and to provide verbal information to St. Barbara Leadership Institution Admission Department.

_____ Date _____
Parent or guardian signature (Please print name in lieu of signature)

"Empowered by Christ's love and strength, our students engage in academic rigor to be life-long learners and serve others as Christ has shown us."