

TRANSCRIPT RELEASE & CONFIDENTIALITY FORM

Parents

Please complete and sign this form, which gives permission to forward your child's records to The Roberts Academy. By law, this written permission must be granted by you, the parent. Give the signed form to your child's school. The Roberts Academy, Florida Southern College, 1140 Frank Lloyd Wright Way, Lakeland, FL 33801-5698, fax 863.680.3971, robertsacademy@flsouthern.edu

Student's Name _____

Current School _____

Parent Signature _____ Date _____

To the student's school

Please mail, scan and email, or fax the following with this transcript release to The Roberts Academy. Fax: 863.680.3971, email: robertsacademy@flsouthern.edu

1. Grades
2. Test scores
3. Immunization records
4. IEP or 504 (if applicable)
5. Completed Administrator Confidential Evaluation Form (submitted to your school by parent)
6. Completed Teacher Confidential Evaluation Form (submitted to your school by parent)