

Western Albemarle High School
Guidance Department
5941 Rockfish Gap Turnpike
Crozet, Virginia 22932
Phone # 434-823-8700 ext 3
Fax # 434-823-8710

In order that we may protect the confidentiality of students, we ask that you sign the following statement permitting us to release school records.

I give Western Albemarle High School permission to release a copy of school records for:

Name of Student _____

Date of Birth _____

Maiden Name _____

Graduation Date _____

E-Mail Address _____

Telephone Number _____

Recipient Name	Address	City, State, Zip Code

The following may be released unless otherwise noted: Name, address, birthdate, attendance, parent/guardian name, social security number, graduation date, and diploma type.

_____ Signature of student or parent, if student is under 18 years of age _____ Date

Please allow 10 business days for processing. School records will not be faxed.

OFFICE USE:

Date Received _____ Date Sent _____ Initials _____

Release valid for one year.