

# NANSEMOND - SUFFOLK ACADEMY

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## Student Record Release Form

Please complete this form and return it to the Office of Admissions at Nansemond-Suffolk Academy as indicated below. We will use this form to obtain your student's records from his/her current school. **Admission decisions will not be made until Nansemond-Suffolk Academy has received the records. PLEASE DO NOT DISENROLL THIS STUDENT.**

Name of Student \_\_\_\_\_  
First Middle Last Preferred Name

Home Address \_\_\_\_\_  
Street City State Zip

School Currently Attending \_\_\_\_\_ Current Grade \_\_\_\_\_

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

School Phone Number \_\_\_\_\_ School Email \_\_\_\_\_

Guidance Counselor \_\_\_\_\_

Email for School Registrar \_\_\_\_\_

### *Authorization Signature*

I hereby authorize \_\_\_\_\_ to release the following  
Name of Current School

information to Nansemond-Suffolk Academy:

Scholastic Record (Please include most recent grading period)

Standardized Test Data

Health Record and Immunization Data

Psychological Records

Discipline Log

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please forward to:*

Nansemond-Suffolk Academy | Office of Admissions | 3373 Pruden Boulevard | Suffolk, VA 23434

(757) 539-8789 ext. 1 | admissions@nsacademy.org