

**Sandia View Academy
Release Of Confidential Information**

This is a request for release of confidential information for the following student who has applied to Sandia View Academy.

Student Name: _____ Grade: _____ Birth Date: _____

Previous School Attended

School Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Fax Number: _____

The above student has/have enrolled in our school. Please send entire cumulative information. If student left during a grading period, please indicate withdrawal grades earned to that point.

Records Requested:

- Official Transcript of Grades
- Attendance Records
- Health Records, Physical Examination Record & Current Immunization Records
- Test Scores

I give permission for my child's records to be sent to Sandia View Academy.

Parent Name: _____ Date: _____

Parent Signature: _____

Please forward the requested records to

Sandia View Academy

65 Sandia View Lane, Corrales NM 87048

Office: 505.898.0717 Fax: 505.897.7053