



AQUINAS ACADEMY
2308 West Hardies Road
Gibsonia, PA 15044
(724) 444 0722

AQUINAS ACADEMY ACADEMIC REPORT REQUEST

Dear Parent or Guardian:

In accordance with the Family Educational Rights and Privacy Act, the signature of a parent or legal guardian may be required to authorize releasing of school reports concerning your child. Please complete this form. Send directly to your child's current school.

TO: _____
Name of School

ADDRESS: _____

I authorize the release of my child's academic records (including the most recent grading period) as well as any special needs information to:

**Admissions Office
Aquinas Academy
2308 W. Hardies Rd.
Gibsonia, PA 15044**

At this time these records are for admissions considerations only. Please do not forward health records.

STUDENT: _____

DATE OF BIRTH: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE OF SIGNATURE: _____