

Records/Transcripts Release Form

Please complete this form and return it to **Sue Manory** at Crossroads Academy.
We will request permanent records.

I hereby authorize:

School name _____

Address _____

Telephone number: _____

Fax number: _____

To send Crossroads Academy

Permanent health and academic records

Child's Name _____

Current Grade: _____

Child's Date of Birth _____

I understand that this information is confidential and will not be released without my permission.

Signature of Parent/Guardian

Date

Sending School

Please send or fax (603) 795-4329 records to Crossroads Academy at the address below. Thank you.



7 Crossroads Academy Drive Lyme, NH 03768
www.crossroadsacademy.org • 603.795.3111