



Blacksburg New

2500 North Main Street, Blacksburg VA 24060

(540) 552-6693

RECORDS REQUEST

TO: [Please print name, address, and FAX number of the school from which we are requesting records.]

Name of School: _____

Address of School: _____

FAX Number of School: _____

FROM: [Please print parent name/s.]

Date: _____

I request that the academic records, health records, personal information, test results, and any psychological or other related confidential information—as well as other pertinent information you have regarding my child/children be mailed directly to the Blacksburg New School.

Child's name: _____
LAST FIRST MIDDLE

Child's name: _____
LAST FIRST MIDDLE

Child's name: _____
LAST FIRST MIDDLE

Child's name: _____
LAST FIRST MIDDLE

Please mail all forms to:
T.J. Stone, Enrollment Coordinator
Blacksburg New School
2500 North Main Street
Blacksburg, VA 24060

I grant permission to the Blacksburg New School (at 2500 North Main Street, Blacksburg, Virginia, 24060) to receive all school records pertaining to my child/children listed above.

Parent or Guardian Signature:

_____ Date: _____