



RANDOLPH-MACON ACADEMY

School Record Request

To the Parent: Please complete this form and take it to the guidance office at your student's current school.

I authorize the release of all records, both cumulative and confidential, pertaining to my son/daughter

_____, date of birth ____/____/____, from

Student's name

_____ to Randolph-Macon Academy.

Name and address of current school

(____) _____

Current School Phone Number

(____) _____

Current School Fax Number

Contact Email Address

Please submit the requested items to Randolph-Macon Academy by _____

Date

Signature of Parent/Guardian

Date

To the School: Please answer the following questions and send this form and the requested information by the date indicated above.

To your knowledge, has the student ever exhibited chronic absenteeism? Yes ___ No ___

While a student at your school, has the student been disciplined for any severe breach of conduct, either academic or social? Yes ___ No ___

Is the student currently in good standing at your school? Yes ___ No ___

A copy of all items listed below (if applicable) must be received to complete the application process.

You are specifically authorized to release the following:

- Transcript, including grades to date for this school year and the past two consecutive years
- Standardized test results, ability and achievement tests
- Conduct report
- Health records and immunizations
- Special education information (I.E.P., psychological records, etc.) (most recent)
- Other reports of individual assessments or placements

School Official's Signature _____ **Date** _____

Print Name _____ **Job Title** _____

Please mail, fax, or email the school records to Randolph-Macon Academy's Office of Admission.
(540) 636-5484 | Fax (540)636-5419 | admission@rma.edu

200 Academy Drive | Front Royal, VA 22630 | RMA.edu | 1-540-636-5200
Grades 6-12, Co-ed Boarding & Day | College Prep & Air Force Junior ROTC

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