



# AGIA SOPHIA ACADEMY

14485 SW Walker Road, Beaverton, OR 97006

Phone: 503-641-4600 Fax: 503-641-5951

www.AgiaSophiaAcademy.org

## **REQUEST FOR STUDENT RECORDS**

### **To Releasing School:**

School Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Please release all records for my child(ren) to the school listed below. Thank you.**

As a parent/ guardian of the child(ren) listed below, I hereby authorize the above named person and /or school to release all of the below records to Agia Sophia Academy to assist in program planning for my child(ren):

- |                          |                                    |
|--------------------------|------------------------------------|
| 1) Academic Reports      | 4) Specialized Instruction Records |
| 2) Psychological Reports | 5) Behavior Records                |
| 3) Health Records        |                                    |

*Student Name(s):* \_\_\_\_\_

*Current Grade Level:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Please send all records to:**

Agia Sophia Academy  
Attn: Admissions  
14485 SW Walker Road  
Beaverton, OR 97006

Phone: 503.641.4600  
Fax: 503.641.5951