



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

Name and address of current school

_____ to Randolph-Macon Academy.

(_____) _____
Current School Phone Number

(_____) _____
Current School Fax Number

Contact Email Address

You are specifically authorized to release the following:

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

Signature of Parent/Guardian

Date

Please mail or fax the transcripts and records to:

**Office of Admissions
Randolph-Macon Academy
200 Academy Drive
Front Royal, VA 22630
Fax: (540) 636-5419**

For additional information, contact us at:

(540) 636-5484
admissions@rma.edu
www.rma.edu