



Rawdatul Ilm Academy

Cultivating Academic Excellence with Islamic Principles

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Washington Township, OH 45458

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AUTHORIZATION FOR RELEASE OF RECORDS

SECTION I: STUDENT INFORMATION

The form provides authorization to release educational records and information relating to:

STUDENT NAME: _____ DOB: ____/____/____ DATE WITHDRAWN: _____

ADDRESS: _____
(street) (City) (State/Zip)

PHONE: (____) _____

SECTION II: DISCLOSURE AND USE OF EDUCATIONAL RECORDS

I hereby give my permission to the following school:

PREVIOUS SCHOOL NAME: _____ PHONE: (____) _____

ADDRESS: _____
(street) (City) (State/Zip)

To disclose educational records for the above-referenced student and information in the manner described below to the following school:

CURRENT SCHOOL NAME: _____ PHONE: (____) _____

ADDRESS: _____
(street) (City) (State/Zip)

EMAIL: _____

SECTION III: DISCRPTION OF EDUCATIONAL RECORDS AND INFORMATION TO BE DISCLOSED

- Academic Records/Grades
- Test scores
- Attendance records
- Health records and immunization records
- Psychological assessments
- Individualized Education Plan (IEP)
- Limited English Proficient Records
- Birth record/Birth certificate
- Custody documents (if applicable)
- Other _____

SECTION IV: PURPOSE OF AUTHORIZATION

The purpose of this disclosure of education records or information is:

- Aid in making present and future educational decisions - Other: _____

SECTION V: SIGNATURE AND ACKNOWLEDGEMENT

I acknowledge that this authorization is voluntary and that I may request a copy of this document.

This authorization is valid from: _____ to _____.
(date) (date)

SIGNATURE REQUIRED:

(Parent/Guardian) (Relationship to student) ____/____/____
(Date)