



Adelphi Academy

The great aim of education is not knowledge but action.
~Herbert Spencer~

FORM B

RECORD RELEASE FORM

Date: _____

As Parent(s)/Guardian(s) of _____
Name of Applicant

I hereby authorize the release of any and all records, regarding of the above mentioned student to Adelphi Academy.

Signature of Parent(s)/Guardian(s) _____

Current School Name _____

School Address _____
Street City State Zip

School Phone Number _____ School Website _____

Records to be included for applicants for grades Pre-Kindergarten through 12th Year are:

- Academic Records
- Standardized Testing Examination Scores, etc.
- Attendance Records
- Health Records
- Evaluations and/or IEPs (if applicable)

Please send all records for the above named student to:

Adelphi Academy
Office of Academy Admissions
8515 Ridge Boulevard
Brooklyn, New York 11209-4307

Please send records promptly to help us expedite the admissions process.

Thank you.